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ABSTRACT

This curriculum provides the basic information everyone needs to avoid HIV infection, but was specifically designed for Latino farmworker students in grades 6-7. The student materials are written in Spanish and English and may be used with older student or young adults, or in English-as-a-second-language courses. An introduction provides background on AIDS among Latinos and African Americans, AIDS and risk-taking behaviors among adolescents, migrant farmworker youth and their risk of HIV infection, terminology, teaching strategies, and parental notification and involvement. This section also includes a checklist for teachers, activities to prepare students for discussions about AIDS, and a student presurvey. The curriculum includes five bilingual lessons. The first lesson covers the information about HIV and AIDS that is most essential for students to learn, while the other four lessons provide multiple opportunities for students to learn and practice skills related to risk assessment, assertiveness, decision making, and problem solving. Each lesson contains core activities and optional activities that involve cooperative learning, critical thinking, class discussion, and role playing. Many student handouts in English and Spanish and a student postsurvey are included. Appendices contain English and Spanish glossaries; background information about HIV; a sample letter to parents; and an annotated bibliography of resources for teachers, students, and parents. (SV)

ED 422 155

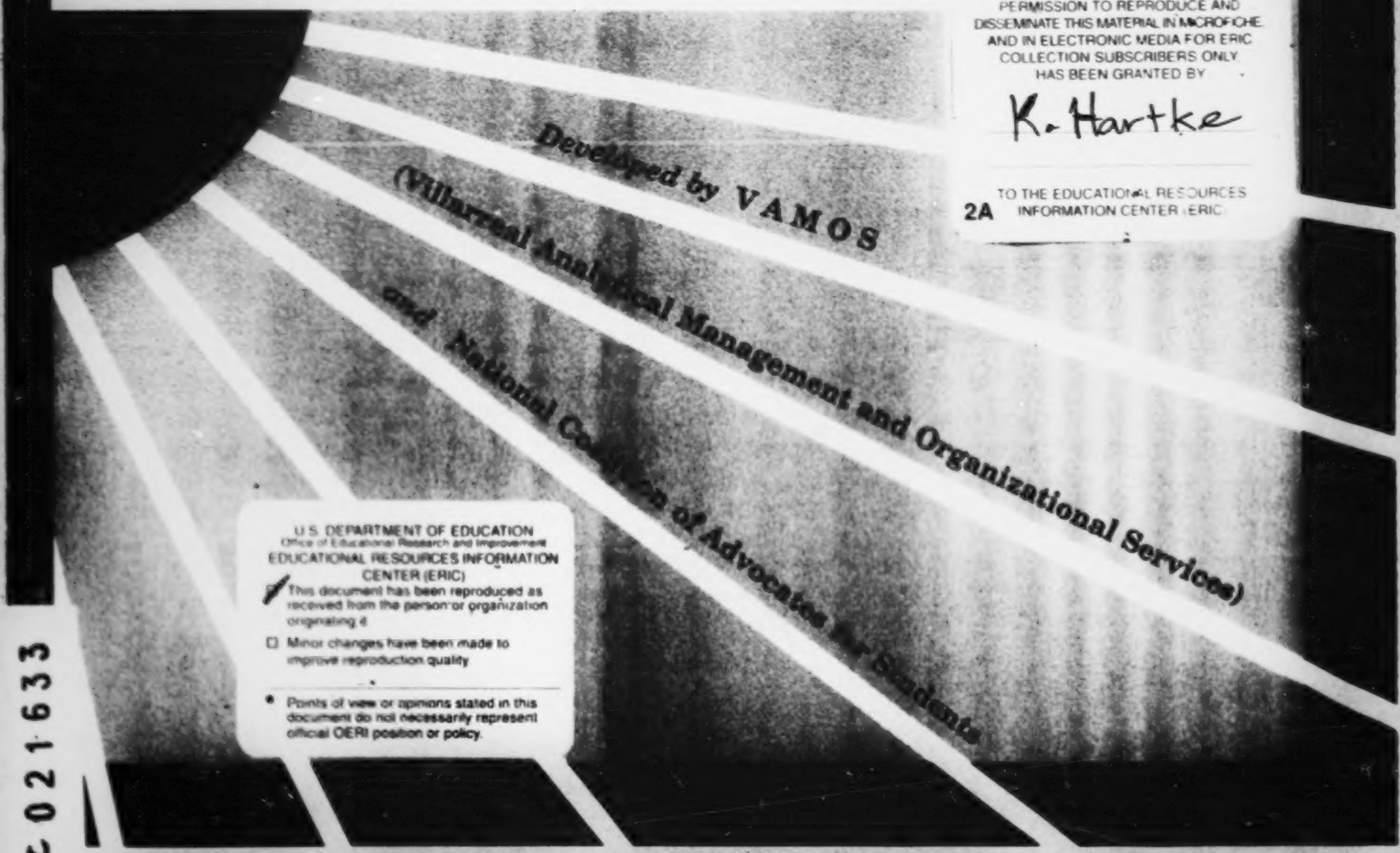
¡VIVIREMOS!

ON THE ROAD TO HEALTHY LIVING

A Bilingual Curriculum on AIDS and HIV Prevention
for Migrant Students (Grades 6-12)

EL CAMINO HACIA LA SALUD

Un Programa de Estudio Bilingüe Sobre la Prevención del SIDA y del
VIH para Estudiantes Migrantes (Grados 6-12)



Developed by VAMOS
(Villarreal Analytical Management and Organizational Services)
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The National Coalition of Advocates for Students (NCAS) is a nationwide network of 22 child advocacy organizations that work to improve access to quality public education for children of greatest need. Rooted in the civil rights movement of the 1960s, NCAS informs and mobilizes citizens and policymakers to help resolve critical education issues. Utilizing national projects and studies, public hearings, and outreach through publications and the news media, NCAS raises concerns that might otherwise not be heard.

Current NCAS projects include Mobilization for Equity, the Asian Family School Partnership Project, the National Center for Immigrant Students, and the Viviremos HIV Education Project. The National Center for Immigrant Students promotes networking and advocacy on behalf of foreign-born students. CHIME (Clearinghouse for Immigrant Education) provides access to literature, research and teaching materials related to immigrant students, their families and their communities.

Mobilization for Equity addresses the need for fundamental school restructuring by defining ten critical student entitlements which implemented would make schools more responsive to the needs of all students. Looking for America addresses intergroup tensions between students of different ethnic and racial backgrounds. The Asian Family School Partnership Project trains parents in recently immigrated Asian communities to advocate for their children's educational needs.

The Viviremos HIV Education Project works with schools, community-based organizations and migrant health centers across the nation to reach farmworker adolescents with effective HIV prevention education. Project staff provide training and technical assistance to migrant program staff on culturally sensitive and educationally-sound approaches to HIV education.

¡VIVIREMOS!

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Developed by

VAMOS
Villarreal Analytical Management and Organizational Services
San Marcos, Texas

Gay Callaway Villarreal, Director
Roberto M. Villarreal, Assistant Director
Cathy Cooke Kern, Associate
David Kern, Associate

and

National Coalition of Advocates for Students

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National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116

(617) 357-8507

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Numerous other health and education specialists reviewed this curriculum and piloted its use in migrant education classrooms. Their patience, suggestions, concern, and dedication to farmworker students have contributed significantly to these materials.

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PREPARING YOURSELF

OVERVIEW

This curriculum provides the basic information everyone needs to avoid HIV infection. It also teaches the skills to act on that information. It offers a flexible mix of activities that can be used with student groups at various age and grade levels and in a variety of settings. It has been specifically designed for 6th and 7th grade Latino farmworker students. The student materials are on a 5th grade reading level and are provided in both Spanish and English. This curriculum can, however, be used with older students or even with young adults. It can be used in English as a Second Language (ESL) courses, adult education classes, or other group settings.

The information and activities in this curriculum are relevant to students of any racial or ethnic background. The hypothetical examples used in many of the role plays and other exercises, however, are drawn from the experience of migrant students.

The curriculum includes five bilingual lessons. Lesson I covers the information about HIV and AIDS that is most essential for students to learn. It can be used independently of the other four lessons. We recommend, however, that you teach all five lessons. Lessons II through V provide multiple opportunities for students to learn and practice skills that enable them to understand and assess risk behaviors, solve problems, make healthy decisions, communicate with others (particularly in dating situations), and negotiate situations that might put them at risk for HIV infection. The learning activities are specifically designed to empower students with both the facts and the skills to monitor their own behaviors, while enhancing their self-esteem. Optional activities reinforce the concepts taught in the basic activities. Many activities can be adapted for shorter or longer use, depending on their delivery and the age of the students.

Student handouts are numbered consecutively throughout the curriculum. A copy of each handout should be photocopied for each student. We recommend that, when feasible, the Spanish and English versions of each handout be photocopied back-to-back. This will help students build skills in both languages and assure that materials reach each student in a language she or he can understand.

The decision-making, communication, and assertiveness skills taught in this curriculum help students make health-promoting choices. The curriculum strongly urges young people to delay sexual intercourse. The curriculum does, however, provide students as young as 6th grade with information on HIV risk-reduction behaviors, including the correct use of condoms. This information is provided for two reasons:

- some 11 and 12 year olds are already sexually active;
- there is a greater chance of influencing behavior if programs are directed at students before they develop high risk behaviors.[1]

There is no evidence that education about sexuality and contraception leads to early sexual activity.[2] Young people need to be taught how to express sexual feelings in responsible ways before they engage in sexual intercourse.

GOALS: [3]

- to provide education about the human immunodeficiency virus (HIV) that is culturally and linguistically specific to migrant students;
- to present accurate information and reduce misinformation about HIV infection and its modes of transmission;
- to encourage farmworker teenagers to delay sexual intercourse;
- to ensure that teenagers who are having vaginal, anal and/or oral sexual intercourse use condoms consistently and effectively;
- to prevent or reduce alcohol and other drug use and to prevent injection drug use;
- to provide farmworker teenagers with information about community resources and services available to them;
- to promote compassion for people with HIV infection and for their families and friends.

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[1] L. S. Zabin et al., "A School-, Hospital-, and University-Based Adolescent Pregnancy Prevention Program," *Journal of Reproductive Medicine*, 1984.

[2] D. Kirby, "Research on Effectiveness of Sex Education Programs," *Theory into Practice*, Summer 1989.

[3] Adapted from Adolescents, *AIDS and HIV: A Community Response*, Center for Population Options, September 1989, pp. 6-7.

INTRODUCTION

Acquired immunodeficiency syndrome (AIDS) is an advanced stage of infection with the human immunodeficiency virus (HIV). One in every 250 persons in the U.S. is already infected with HIV.[4] Over half a million of them have developed AIDS.[5] The World Health Organization estimates that worldwide 4.5 million people have developed AIDS and more than 20 million people are infected with HIV. One and a half million of them are children.[6]

No more people need be infected. HIV infection is preventable. With accurate knowledge about HIV transmission and prevention, with the acquisition of skills to act on this information, and with culturally- and age-appropriate counseling and health services, adults and youth can avoid becoming infected and thus protect their health and their lives.

LATINOS AND AFRICAN AMERICANS

Communities of color have been disproportionately affected by the HIV epidemic. Twelve percent of the United States population is African American, but 34% of people with AIDS are African American. Nine percent of the United States population is Latino, but 17% of people with AIDS are Latino.[7] This ratio becomes even more dramatic if one looks at adolescent AIDS cases. Forty-three percent of reported adolescent AIDS cases are among African American youth and 19% are among Latino youth.[8] Yet together African American and Latino adolescents make up only about 21% of the U.S. adolescent population.[9]

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[4] Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, vol. 39, no. 7, February 23, 1990.

[5] Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, vol. 44, no. 46, November 24, 1995.

[6] World Health Organization Global Programme on AIDS, *The World AIDS Day Newsletter*, no. 2, 1995.

[7] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, June 1995.

[8] *Ibid.*

[9] National Research Council, *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing,* Washington, D. C., National Academy Press, 1987, p. 35.

ADOLESCENTS

Cases of AIDS among U.S. adolescents increased by 149% between December 1991 and December 1994,[10] making AIDS among teenagers a cause for great alarm. Furthermore, the fact that teenage females are almost as likely as teenage males to be infected indicates that HIV is spreading heterosexually.

Large numbers of teenagers are vulnerable to HIV infection because of their sexual and drug-use behaviors:

- By the 12th grade, two-thirds of all females and almost three-quarters of all males have had sexual intercourse.[11]

- Three million teenagers contract a sexually transmitted disease (STD) each year and teens account for one quarter of the 12 million STD cases reported annually.[12] Approximately 25% of all sexually active adolescents become infected with an STD every year.[13]

- Adolescence is a time when many youth explore their sexual orientation. In a survey of Minnesota adolescents, 10% of the males and 11% of the females said they were unsure of their sexual orientation.[14] A compilation of surveys with large samples from the U.S., Canada, and several Western European countries report homosexual experience rates at about 6% or less.[15] Thirty-three percent of all teenage males who have been diagnosed with AIDS contracted HIV through sex with another male.[16]

- Adolescence is also characterized by feelings of invulnerability and by risk-taking behavior. Drug use is a risk factor for HIV infection for some teenagers. A 1993 survey of high school students revealed that 4.9% had used cocaine at least once and 1.4% had injected illegal drugs during their lifetimes.[17]

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[10] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, December 1991 and December 1994.

[11] Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 1993," *Morbidity and Mortality Weekly Report*, vol. 44, no. SS-1, March 24, 1995.

[12] Centers for Disease Control and Prevention, Division of STD/HIV Prevention, *Annual Report*, 1993.

[13] The Alan Guttmacher Institute, *Sex and America's Teenagers*, New York, 1994.

[14] Social Science and the Citizen (editorial column), *Society*, vol. 30, no. 5, 1993.

[15] *Ibid.*

[16] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, June 1995.

MIGRANT FARMWORKER YOUTH[18]

This curriculum has been written specifically for migrant students because health education and HIV prevention targeted at adolescents often do not reach farmworker youth. Migrant students are often absent during regularly scheduled health education classes because of travel or because they have been pulled out of health classes for special language enrichment. Only a handful of HIV curricula used in public schools has been translated into Spanish.

Migrant youth have the lowest graduation rate of any group of students in public schools. Estimates of graduation rates for migrant students range from 40% to 50%.[19] Special efforts, therefore, are needed to reach farmworker students with HIV education in upper elementary and middle school grades before many have dropped out.

Background

Migrant farmworker students negotiate the same developmental tasks as other adolescents. Many do this, however, at the same time they move from state to state and from school to school. They often work long hours in the fields alongside their parents, care for younger siblings, and in the case of recently immigrated families, act as a bridge between their parents and the mainstream culture.

Migrant students may live for short periods during each year in several communities, sometimes in two, four, six, and even eight different states.

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[17] Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 1993," *Morbidity and Mortality Weekly Report*, vol. 44, no. SS-1, March 24, 1995.

[18] Portions of this section have been excerpted and adapted from *Interstate Secondary Credit Accrual and Acceptance Manual* developed by VAMOS and authorized by the Migrant Education Secondary Assistance (MESA) Project funded with Chapter I Migrant funds through the U.S. Department of Education and with support from the Florida Department of Education.

[19] Migrant Education Goals Task Force of the National Association of State Directors of Migrant Education, *Rethinking Migrant Education: A Response to the National Education Goals*, March 1992.

Even though some families have a well established migratory route, they might not reside in the same communities year after year.

To some migrant farmworker children, "home" is the location where they live the longest time during a year, usually where the family resides during the winter. To others, "home" has no meaning whatsoever. Some children whose parents have established a fairly regular pattern of migration live in only two or three states during a year and return each fall to the same area. They do not, however, necessarily enroll in the same school in each area every year. Length of stay in any one location varies. It is determined by the weather, the labor supply, the crops to be harvested, and the housing availability.

Farmworker youth live in a world few teachers understand or appreciate. In teaching migrant children and youth, teachers should be aware not only of their way of life, but also of the problems and opportunities created by this life and how they think and feel about themselves and others. Migrant students often feel stigmatized by their migrant status, separated from and excluded by other children who are permanent residents. Poverty and language often set them apart further. Frequent moves and work in the fields make participation in afterschool activities and teen social events difficult.

A migrant student's childhood is foreshortened. Families sometimes insist, because of economic hardships, that children take on household responsibilities and become wage earners as soon as possible—factors that conflict with nonmigrant values as well as with the high value the parents themselves place on education. By 13 or 14 years of age, migrant students frequently experience what nonmigrant students may not face until they are 18 years or older.

Migrant students are often more proficient in Spanish than they are in English. This puts them at a disadvantage academically if a high quality, bilingual education program is not provided so that they can perform at their ability level.

On the other hand, many migrant youth acquire an inner strength as a result of their varied experiences. Migrant children tend to be flexible, adaptable, and eager to please because they have been exposed to a variety of circumstances and situations in school and within the community. Many have learned to adapt to new situations and develop friendships quickly.

Migrant students, regardless of age or grade level, are similar to all other students in that they respond to praise, to a warm smile, and to kindness. They grow even more responsive when they are met with appreciation and friendliness, which, in turn, provide them with a sense of security, trust, and self-confidence. Migrant youth bring to school a language and culture with a rich heritage.

Their family responsibilities provide them with a maturity and a reliability of which they can be confident and proud. As wage earners and significant contributors to the family's economic well being, they can feel a real sense of accomplishment.

The strong and well defined migrant family relationship generates feelings of security. Children are loved and welcomed with warmth and enthusiasm.

Farmworker Youth and HIV Infection

Farmworker youth are at risk for HIV infection for the same reasons as other youth are at risk. Being a migrant or a farmworker does not, by itself, increase a student's risk of HIV infection. Historically, however, in both this country and abroad, HIV infection has taken root in communities that are isolated, marginalized, and economically and socially stigmatized. Poor access to effective preventive education and to adequate health services are chief factors in the spread of HIV.

Studies of HIV among migrant populations are turning up alarmingly high levels of misinformation and, in some cases, HIV infection. In a rural area of New Jersey, 3.2% of farmworkers tested were found to be infected.[20] In South Carolina, 13% of the workers tested were HIV-positive.[21] While most of the infected workers were adults, 16.6% were under 25. A study of knowledge of AIDS among female Latino migrant farmworkers in Virginia revealed that more than half did not understand how HIV is transmitted. The half of the sample who were between the ages of 15 and 24 had lower knowledge scores than women 25 or over.[22] Similarly, in a 1990 survey of recently immigrated middle and high school students, only 35% knew how HIV is transmitted.[23]

Living much of the year in rural areas that have not yet experienced large AIDS caseloads can lull residents into a false sense of security. The HIV epidemic in rural America is increasing more rapidly than it is in big cities. The National Commission on AIDS reports that it is in the rural areas that one finds the highest rate of new infections.[24] The Commission also reported a growth in the number of heterosexually-transmitted cases of AIDS in rural communities, particularly among women, many in their teens.[25]

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[20] M. Lyons, "Study Yields HIV Prevalence for New Jersey Farmworkers," *Migrant Health Newsline*, vol. 9, no. 2, March/April 1992.

[21] J. L. Jones et al., "HIV-Related Characteristics of Migrant Workers in Rural South Carolina," *Migrant Health Newsline*, vol. 9, no. 2, March/April 1992.

[22] T. M. Vasilion, "Knowledge of AIDS Among Female Hispanic Migrant Farmworkers in Virginia," *Migrant Health Newsline*, vol. 9, no. 2, March/April 1992.

[23] R. W. Hingson et al., "Knowledge about HIV Behavioral Risks of Foreign-Born Boston Public School Students," *American Journal of Public Health*, vol. 81, no. 12, December 1991.

Since rural communities tend to be politically and morally conservative, open discussion of sexual and drug behaviors is often severely restricted. Farmworker adolescents living in rural communities frequently have limited access to mental health, family planning, and other health services.

Many migrant students are either recent immigrants to this country or have parents who, while living in the United States for years, follow health practices common in some Latin American countries. One practice holds risk for HIV infection—the injection of vitamins and antibiotics (which can be bought over the counter in Mexico) by non-medically trained persons. Education about sharing unsterilized needles and syringes, therefore, must not be limited to the injection of illegal drugs.

Immigrant youth often experience deep conflict as they move from their traditional culture to the European American culture. In addition to discouraging open discussion of sexuality, Latino parents are often firmly opposed to both premarital sex and birth control. Many young people find themselves faced with strong peer pressure to begin sexual activity, deep sanctions against using condoms, and no way to discuss these issues with their parents. Special care must be taken, therefore, to ensure that these newcomers are taught skills to resist peer pressure and to make healthy decisions for their lives.

TERMINOLOGY

A variety of terms have been used in very specific ways throughout this curriculum. Because these terms may not be familiar to the reader, they are defined in this section.

"HIV" and "AIDS"

The condition known as acquired immunodeficiency syndrome (AIDS) is caused by infection with the human immunodeficiency virus (HIV). The virus, HIV, is transmitted from one person to another—the condition, AIDS, is not transmitted.

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[24] National Commission on AIDS, "Report #3 — Research, the Workforce, and the HIV Epidemic in Rural America," Washington, D. C., August 21, 1990.

[25] *Ibid.*

Everyone who has AIDS is infected with HIV, but not everyone who is infected with HIV has AIDS. In fact, thousands of people who are infected with HIV have no symptoms and do not even know that they are infected. Nevertheless, they can infect others through sexual intercourse, by sharing drug needles or syringes, or through pregnancy, childbirth, or breast-feeding.

HIV weakens the body's immune system. AIDS is the final stage of infection in which the immune system has been so weakened by HIV that it can no longer fight off certain pneumonias, cancers, and other diseases. It may take two to twelve years or more before someone who is infected with HIV develops AIDS. Scientists believe all, or nearly all, people with HIV will eventually develop AIDS.

It is important that people understand the difference between HIV and AIDS. Students must be taught that they can become infected with HIV by someone who does not have AIDS and who looks and feels well. For this reason, teachers are encouraged to think in terms of HIV education. HIV education teaches not only about AIDS, but also about HIV and how to prevent infection.

"Latino"[26]

The term "Latino" has been chosen as the cultural identity label for this curriculum because this is the term that acknowledges not only the Spanish but also the indigenous roots of the diverse cultures of Latin America. Latinos have many things in common: a mother tongue, a strong sense of family, respect for tradition, and an historical involvement with Catholicism.

There are many different opinions and feelings about cultural identity labels and you are strongly encouraged to find out what your students want to be called. Your students may prefer the term "Hispanic." Use whatever term is most appropriate and reflective of the group you are addressing.

Agreement on one label for all Latinos is unlikely. Although they have many things in common, Latinos come from diverse and separate cultures and sociopolitical realities. The desire to preserve and respect an individual's unique cultural identity is strong. Cultural identity labels are as important as a person's name. To work effectively with any population, be sensitive to each person's self-identity.

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[26] Adapted, with permission, from the *Latino Family Life Education Curriculum* series, A. Matiella, ed., Santa Cruz, CA, Network Publications, 1988-1990.

In Spanish, a noun is usually female when it ends in "a." The word "Latina," therefore, refers to a woman or a girl of Latino heritage. The noun, "Latino," refers either to a man or a boy. When used as an adjective, however, it refers to Latino culture in general, irrespective of gender. "Latinos" is the plural noun that refers to both males and females of Latino heritage.

"Anglo"

The term "Anglo" is used in this curriculum to refer to white, non-Latino populations and culture. Although technically translated from the Spanish as "English," it is used here to refer to all white, non-Latino peoples and cultures of European heritage.

"Farmworker" and "Migrant"

The term "farmworker" generally refers to a person who makes the major part of his or her living in seasonal agricultural work. A migrant is a person who travels either interstate or intrastate to engage in seasonal agricultural labor or fishing. The Office of Migrant Education defines a migratory child as "the child of a migratory agricultural worker or a migratory fisherman who moves with his family within a state or from one state to another for the purpose of finding temporary or seasonal employment."[27] The migrant education program serves both students whose families are currently engaged in seasonal agriculture, as well as those whose parents have been employed in seasonal agriculture within the past three years but are no longer so employed. This second group of students is called "settled out." Many of their families rejoin the migrant stream when they are unable to find sufficient employment in other types of work.

This curriculum has been designed for young people who are themselves employed in agricultural work or whose families are, or have recently been, employed in agricultural work. They and/or their families may or may not migrate. As of 1990, the seasonal and migrant farmworker population in the U.S. was 71% Latino.[28] There are also, however, significant numbers of farmworkers who are from African American, white, Haitian, Southeast Asian and other racial and ethnic backgrounds.

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[27] Arkansas Department of Education, MSRTS Section, *Resource Guide for Teachers and Health Providers*, Little Rock, AR, 1986, p. A3.

[28] U.S. Department of Labor, *Findings from the National Agricultural Workers Survey (NAWS) 1990*, Research Report No. 1, July 1991, p. 19.

It has been the experience of the National Coalition of Advocates for Students (NCAS) that many migrant and farmworker youth do not like to be labeled either "migrant" or "farmworker." Politically conscious advocates and agricultural workers have tended to prefer the term "farmworker" over "migrant" because it is both more inclusive and, perhaps, less stigmatizing. Adolescents, however, often hesitate to identify themselves as either.

You are strongly urged to avoid the use of either label whenever possible. You might engage your students in a discussion of this topic.

TEACHING STRATEGIES

The premise of this guide is that active involvement in the learning process results in increased student achievement. Therefore, many of the activities in this curriculum rely heavily on cooperative learning, using interactive small group strategies such as role playing, small group discussion, and demonstration. For students to examine critically their attitudes and behaviors, interactive and engaging activities are essential. Naturally, a supportive environment for talking and sharing is particularly critical when discussing controversial and sensitive subjects such as sex, drugs, and contraception with teens who are just beginning to deal with their own sexuality.

COOPERATIVE LEARNING[29]

A cooperative learning environment differs significantly, in both implementation and results, from that of the traditional classroom where individual seat work and direct teaching are the norm. Small group activities are, by nature, noisier. Cooperative learning requires teachers to give up some of the authority that is inherent in direct teaching. On the other hand, cooperative learning offers many advantages for both teachers and students over traditional instructional methods:

- **Student interest is heightened.** Greater interest makes it easier for the teacher to relay the lesson objectives. Students enjoy working with each other instead of in isolation. The interactive process itself is engaging and stimulating, increasing the likelihood that students will participate in the activities at hand. Students develop an improved attitude toward school, classes, and teachers, when they can participate in small group learning.

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[29] Excerpted from "It's Hard to Get Left Out of a Pair" by Alfie Kohn, *Psychology Today*, October 1987, pp. 53-57.

- **Critical thinking skills are enhanced.** The activities in this curriculum require students to use critical thinking skills to solve problems, analyze situations, and make decisions. As most adults are aware, "two heads are better than one" when tackling a task. Exposure to several and often differing opinions stimulates students to question their own and others' beliefs and ideas. Students who have academic difficulties have opportunities to model the thinking processes of those who learn more easily.

- **Student relations are improved.** Heterogeneous grouping, an integral element of cooperative learning, allows students to learn from one another regardless of academic performance levels, religious affiliations, ethnic groups, and so forth. This results in students liking each other more. Cooperative learning creates in students a concern for others' welfare, because it is in everyone's best interests for each member of the group to succeed.

- **Students develop more confidence in themselves.** Being part of a group where input is valued, respected, and accepted increases student self-esteem. Small group settings are far less intimidating than large groups where students must compete with other students for attention from the teacher. In general, students are often more inclined to speak up and share their ideas in a small setting with their peers than in front of a large classroom. Even disruptive students learn to cooperate. Small group activities offer a "safe haven" that is particularly beneficial to students who are reserved, have academic difficulties, or have social or personal problems.

- **Student achievement increases.** As students learn to fit in and belong, they relax, thereby increasing their receptiveness to learning. Research shows that achievement levels for all students increase.

- **Group members share responsibility for assignments.** Assigning roles (timekeeper, recorder, reporter, material captain, etc.) increases the likelihood that the assignment will be written down, completed on time, and verbally shared with the other groups. Assigning roles also distributes responsibility for completing the assignment among the students. Rotating roles enables each group member to benefit from the opportunity of sharing the responsibilities and also draws in those students who are inclined, for whatever reasons, not to participate fully. Peer pressure and team spirit contribute to the successful completion of assignments.

Two strategies are essential for cooperative learning to be implemented successfully:

- **Positive interdependence.** Students' interactions are structured so that each depends on, and is accountable to, the others. This fosters group identity. Positive interdependence can be created by strategies such as requiring a single product, giving a group grade, or assigning interconnected roles.

- **Requiring individual accountability.** Individual accountability can be achieved by strategies such as requiring each student, upon the teachers request, to explain answers verbally or to take a test on the material.

STIMULATING CLASS DISCUSSION[30]

Following the suggestions in this curriculum will, in most cases, lead to lively, respectful class discussion. There may, however, be times when it is hard to get discussion going. First, ask yourself why. Is it because students do not feel safe sharing their feelings or expressing their ideas? Are they uncomfortable with the subject matter? Do they understand the question? Are they bored? Depending on your assessment of the situation, try the following:

- restate the question, and ask students if they understand;
- ask different questions;
- go back to a concept or point that the students understand and begin again;
- state an opinion you think is common and ask whether students agree or disagree, and why;
- wait several seconds to give students a chance to think;
- make the point yourself and move on to another activity;
- establish or review ground rules.

If students are able to ask questions anonymously, they may be more inclined to participate. You are strongly urged to provide an anonymous question box. This is one way of enabling students to ask questions or make comments without fear of being identified with a question. Ground rules for class discussion are listed in the next section, *Preparing Your Students*. Be sure to review these with your class before you begin Lesson I.

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[30] This section has been adapted from *Preventing AIDS: A Curriculum for Middle School and A Curriculum for Junior/Senior High School Students*, developed by Education Development Center, Inc., Newton, MA, 1988 with support from the Division of Adolescent and School Health, Centers for Disease Control and Prevention.

CONDUCTING ROLE PLAYS[31]

Role playing is a cooperative learning technique used in some of the activities in this curriculum. Role plays give students opportunities to be creative in addressing real life situations.

Some role plays involve the whole class as actors. Others involve part of the class acting while the others observe. The latter may be experienced as less threatening to those who are self-conscious or shy.

The following guidelines can assist you in using role plays as an effective teaching strategy.

Frame It

- **Encourage voluntary participation.** Although all students should be encouraged to participate in role play activities, students should be allowed to volunteer. Students are more likely to volunteer, however, when they can choose a role and when they completely understand the situation to be enacted. Role playing and small group activities have been especially successful in building confidence in shy, quiet students.

- **Explain the roles and the situation.** Give students an opportunity to ask questions and clarify the situation and the roles.

- **Describe the problem/relationship between the characters.** Be sure that students know that they can take a reasonable amount of "artistic license" in interpreting the role play situations without fear of judgment or negative criticism.

- **Establish time limits.** Students need to know how much time they have to prepare for and present the role play. So that students do not lose track of time, the teacher (or other designated timekeeper) might need to remind students periodically of how much practice time is remaining. Students should be guided so that their presentation (beginning, middle, and end) is balanced regarding time.

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[31] Adapted from material prepared by ETR Associates, Santa Cruz, CA.

- **Give the audience an opportunity to be involved.** To involve the audience, for example, a character could ask the audience for advice, "What would you do to stay out of trouble?"

Manage It

- **Thank students for volunteering.** All sincere efforts, whether minimal or hesitant, should be rewarded with reassuring comments, applause, or other means of positive reinforcement.

- **Cue or coach students.** Students can be given words or phrases to say. They need guidance and supervision to ensure that they do not lose sight of the objective.

- **Rehearse with the student who may have trouble.** Some students may be uncomfortable acting in front of the class, and should be given as much support and encouragement as possible.

- **Model the skill to be learned.** An objective may be unclear to some students. A teacher's demonstration may provide clarity.

- **Use "freeze" to discuss the skill, words, or actions that are being demonstrated.** Again, this tactic provides clarity and focus.

- **Demonstrate thoughts with shifts in body language or by using another person to express them.**

FEELING COMFORTABLE WITH SENSITIVE ISSUES[32]

HIV and AIDS elicit unsettling feelings. Because HIV is spread through sexual intercourse and drug use, prevention education requires discussing sensitive, emotionally charged issues. Fear, anger, hopelessness, helplessness, embarrassment, and many other emotions are likely to arise during the course of your class discussion.

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[32] Parts of this section have been excerpted from and/or adapted from *Preventing AIDS: A Curriculum for Middle School and A Curriculum for Junior/Senior High School Students*, developed by Education Development Center, Inc., Newton, MA, 1988 with support from the Division of Adolescent and School Health, Centers for Disease Control and Prevention.

Dealing With Your Discomfort

The first step in helping students with their feelings is to be aware of your own. Are you, for example, uncomfortable discussing the use of condoms or using some of the vocabulary necessary for presenting the curriculum? Arming yourself with the facts will alleviate many of your concerns about HIV and AIDS. It will also help your personal prejudices, fears, and emotions from interfering with the factual presentation of the curriculum. Being informed can also increase your confidence in teaching the curriculum and correct any misconceptions you have had about HIV or AIDS.

To ease your own discomfort, speak to other teachers who have discussed sexuality issues with students. Find out how they have handled this material in the classroom. Your school nurse and counseling staff might also be helpful. Establishing ground rules (see next section, *Preparing Your Students*) will help create a safe atmosphere for both you and your students. One important rule is that no personal questions are to be asked of either you or of other students. .

Dealing With Student Discomfort

Students are likely to be unaccustomed to talking about sexual matters. They could be embarrassed by some of the information about human sexual practices presented in these lessons. Young teenagers are just beginning to mature socially and sexually, a process that, in itself, creates anxiety. Personal and peer attitudes often create additional anxiety. Any or all of these factors sometimes cause students to feel uncomfortable and either to withdraw from a discussion or to act out and disrupt class.

Establishing ground rules for discussion will help alleviate some anxiety. Once ground rules have been established, remind students of them at the beginning of each class until they have become proficient in following them. Addressing student discomfort directly and factually may help to lower anxiety. It is also useful to acknowledge, in a nonprejudicial way, any discomfort you have with the material. Doing so will help students realize that they are not alone in feeling this way.

Sensitivity to Latino Cultural Values[33]

If current trends continue, the Latino population in the United States will double within the next 30 years and triple within 60 years. By the year 2000, 15% of all American youth will be Latino.[34] If health education is to reach this significant group of young people, teachers of Latino youth must develop a sensitivity to Latino culture and find ways to draw on its strengths to reinforce health messages.

Whether or not you are Latino yourself, the single most important attitude you can demonstrate is respect for each student as a unique person. It is very difficult, and perhaps impossible, to understand fully a culture different from your own. Attempting, therefore, to summarize the Latino culture here in a few pages would not only be simplistic, but might encourage stereotypical assumptions. Condescension is disrespectful in all cultures. Listening with an open mind and heart and demonstrating genuine interest and caring will, on the other hand, go far in bridging cultural gaps between you and your students.

It is important to realize that the Latino population in this country is very diverse. It includes people from many different countries with different social histories and cultures. Latinos in the U.S. represent a wide range of economic and educational backgrounds. Some live in rural areas; some in cities. Some have ancestors who have lived in what is now the United States since before the Mayflower; others have just arrived. Some are American citizens; others are here without documentation, living in constant fear of deportation.

Understanding the degree of acculturation of your students will be particularly helpful in adapting your teaching to meet their needs. Do your students follow traditional Latino customs? Do they speak mainly Spanish? Or are they well assimilated into mainstream American culture, having adopted the behaviors, lifestyles, and language of the Anglo culture? Are they bicultural, able to move freely and comfortably between the two cultures? Let your students teach you about themselves. While being cautious about asking direct questions concerning their private lives, express interest in them and in their families.

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[33] The material for this section is drawn in part from the following sources:

D. Worth and R. Rodriguez, "Latino Women and AIDS," *SIECUS Report*, January-February 1987.

A. C. Matiella, "Developing Innovative AIDS Prevention Programs for Latino Youth," *The AIDS Challenge*, Santa Cruz, CA, Network Publications, 1988.

National Council of La Raza, "Getting Started: Becoming Part of the AIDS Solution," Washington, D. C., 1988.

S. Valdez, "Issues Involved in Teaching Sexuality and AIDS to Latino Teenagers," *A Discussion Guide to Face to Face with AIDS*, New York, NY, Select Media.

A. Sancho et al., *Comprehensive School Education for Hispanic Youth: Insights About Curriculum Adaptation*, Los Alamitos, CA, Southwest Regional Laboratory, 1991, p.3.

[34] A. Sancho et al., *Comprehensive School Education for Hispanic Youth: Insights About Curriculum Adaptation*, Los Alamitos, CA, Southwest Regional Laboratory, 1991, p.3.

There are certain cultural values that many Latinos share. Health messages will be more readily accepted to the extent that they do not conflict with these cultural beliefs. Where appropriate, health education should acknowledge existing cultural values and practices, thereby building on cultural strengths and pride.

Latinos place a particularly high value on family. The family is considered the primary social unit and source of support. Latino families tend to consult each other before making decisions. Conversely, Latinos often avoid discussing important issues outside of the family. Individualism is often perceived as selfish. Children and fertility are highly valued. This care and concern for family can be a motivating factor in HIV education. Latinos are often particularly willing to talk to family members about protecting loved ones from HIV infection.

Many Latinos have been taught a high respect for their elders and for those in positions of authority, including teachers. This means that many Latino students would consider it disrespectful to challenge your opinion. You might feel that a student agrees with your point of view, when in reality she or he remains unconvinced, feeling it would be disrespectful to express disagreement.

Religion plays an important role in the traditional Latino family. Historically, Latinos have been members of the Roman Catholic Church. Today, however, many are joining other denominations including evangelical Christian churches. While undoubtedly the Latino community has been influenced by the Catholic Church's opposition to birth control and condom use, you should not assume that an individual's objection to condom use stems necessarily from religious beliefs. Reservations voiced by teens often stem from a fear of asking a sexual partner to use one.

Sexuality, as in many cultures, presents many complex issues. Public discussion about sex is generally taboo in Latino cultures. Sex is a private matter, not openly discussed between men and women. Traditionally, social interaction between the sexes has been structured by long-standing gender roles. "Ser macho" or "ser hombre" represents the ideal of masculinity or what it is to be a man, while the corresponding "ser mujer" represents the ideal of femininity or what it means to be a woman. These gender roles affect how Latino men and women perceive themselves and each other. In Latino culture, the man is the head and decision maker of the family. Traditionally, it is the man who makes the decisions concerning a couple's sex life. Virginity, as in many cultures, is a highly prized ideal for females, whereas sexual experience is encouraged for males. Educational messages about condom use should emphasize the importance of sexual responsibility and taking care of one's family. Emphasize the positive aspects of gender roles, such as pride in yourself, respect for others, and protecting yourself and those you love. These can be powerful reasons for following safer sex guidelines.

Sex between men (in homosexual or bisexual relationships) is an especially difficult subject to talk about openly. Anglo culture tends to define all sex between two men as homosexual. In contrast, Latino culture defines an effeminate man as homosexual regardless of his sexual behavior. Sex between men is not necessarily considered homosexual for the insertive partner (the man who puts his penis into the rectum of another man). The receptive partner (the man who receives the other man's penis into his rectum) will more often be considered homosexual. Therefore, when teaching about HIV transmission, clarify the term "homosexual." The word has very derogatory connotations and most Latinos are very hesitant to identify themselves as either homosexual or bisexual. Use the words "men who have sex with men" or "women who have sex with women."

Given the diversity of the Latino community in the U.S., it is not surprising that the word for a particular sexual act may vary among different subgroups in the population. In this curriculum, we have used the formal, anatomical Spanish terms for sexual body parts and acts. We have tried to find a "generic" Spanish that can be understood by everyone. Similarly we have avoided slang that is associated with a particular subgroup. Included in the list of resources in Appendix D is a glossary of contemporary Mexican sexual terms you might want to order.

An atmosphere must be provided in which Latino teens are able to work out their own understanding of sex and sexuality within the context of their family and cultural values. If you incorporate Latino family values into the class, there is a better chance of family and community support for the curriculum. This support is also valuable because the classroom message is then reinforced by the family and community, increasing the likelihood that it will impact the student.

Most of these issues are not unique to Latino culture. Teaching about HIV prevention to youth of any cultural or racial background needs to take into consideration religious and family values, traditional male and female roles, and taboos about public discussion of sexuality. A recently immigrated teenager, however, might find it particularly difficult to make complicated choices about health behavior because of the different and sometimes conflicting messages she or he may have received from family, on the one hand, and from American culture, on the other. Help your students clarify their own values about these very difficult sexual issues. This can happen if Latino family and cultural values are acknowledged and valued in HIV prevention programs.

Addressing Inappropriate Language

On the one hand, you want students to feel comfortable discussing HIV and the sensitive issues related to it. On the other hand, you should not allow vulgar or inappropriate language. Sometimes this language results from students not knowing anything other than "street language" for sexual acts. Instead of chastising the student, simply rephrase the question by asking, "What other words can we use for that?" and saying "The word we will use for that is ______. That is the term we will use in this classroom."

Sensitivity to Gay and Lesbian Students

Up to one in every ten students in your class may be gay or lesbian or unsure of his or her sexual orientation.[35] You should use words that make them feel included in class discussion. Words such as "partner" and "lover," rather than "boyfriend" and "girlfriend," can apply to anyone—heterosexual or homosexual. You can demonstrate comfort with the topic of homosexuality by acknowledging the gay and lesbian population, discussing struggles that lesbian and gay youth face, and having referrals available to students who are questioning their sexual orientation.

Students sometimes make pejorative remarks that indicate a discomfort with, or hostility toward, homosexuality. Young people often ridicule homosexuality, even though they frequently know very little about it. No one knows exactly what determines sexual orientation. One's sexual orientation might be present in very early childhood. There are gay and bisexual people in every culture.

Many adolescents have feelings or experiences that cause them to worry about their own sexuality, and hearing homophobic remarks could increase their anxiety. Such remarks could be especially offensive to students in your class who are homosexual or who have homosexual relatives or friends. Perhaps most important, such remarks discourage all students from asking questions about homosexuality. You can respond by saying, "That is an offensive term. Why is it offensive?" This is usually enough to clear up the problem. Students must understand that anyone, homosexual or heterosexual, who engages in behavior through which HIV can be transmitted, is at risk for HIV infection.

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[35] L. Treadway and J. Yoakam, "Creating a Safer School Environment for Lesbian & Gay Students," *Journal of School Health*, vol. 62, no. 7, September 1992.

Addressing Feelings of Hopelessness

First, resist the temptation to minimize the magnitude of the HIV problem. HIV is a serious, worldwide health issue and students must be informed. If they are experiencing fear, anger, hopelessness, or other feelings, allow time for those feelings to be expressed. Reassure students, however, that scientists are hard at work looking for treatments and preventive vaccines. Emphasize that, although HIV infection is currently incurable, it is preventable. Remind students that the point of learning about HIV is to give them the skills they need to stay uninfected.

Action is one of the best antidotes to despair. Inform students of the numerous ways they can contribute to the fight against HIV. The first step in action is prevention. No youth who is now uninfected need ever be infected. However, there are relevant skills to learn. The second step is compassion for people with HIV; generosity of spirit fights hopelessness. The third step is protecting friends and family who students feel are at risk—expressing concern and helping others find resources are enabling acts.

Teaching Students Who Are Injecting Drugs

One aim of HIV education is to help students recognize when they need help and to assist them in finding that help. It is not necessarily the teacher's job to provide that help. A teacher, however, can be an effective guide to what otherwise can seem a maze of community services. At a minimum, a teacher can make local resources seem more accessible and "friendlier" to students. This might mean referring a student to a drug treatment program or to counseling services. While not labeling or publicly identifying students involved in high-risk behaviors, it is important not to ignore the existence and needs of such students.

Integrating HIV Education into Comprehensive Health Education

Whenever possible, HIV education should be a part of a comprehensive K-12 health education program that provides organized, sequential, and repeated learning experiences at appropriate developmental levels. Such a program provides the best opportunity to influence health behaviors. See Appendix D for resources on comprehensive school health education.

Early Sexual Activity

Even in 6th grade classes, some students might be sexually active. At the middle school and senior high school levels, a teacher should assume that some students are sexually active.

All students should be helped to realize they have a right to abstain from sexual intercourse or to postpone becoming sexually active. They should be taught to develop the skills to assert this right. Similarly, all students, whether or not they are sexually active, should be taught condom use and other risk reduction strategies.

HIV/AIDS and Sexual Abuse

Learning about HIV and AIDS will raise anxiety for students who are survivors of sexual abuse. The possibility that a child could become infected with HIV or other STDs as the result of sexual molestation is real. Gathering data on HIV transmission as the result of sexual abuse is difficult, however, because this abuse is often hidden. Most estimates are based on our increasing understanding of the widespread nature of sexual abuse in general. Studies have shown that almost one in three girls and one in seven boys experience sexual molestation.[36]

If a student discloses past or current sexual abuse, you should act quickly to protect her or him by informing the local authorities. If you suspect that a student is a victim of sexual abuse, but are not certain, you should call a local child protection organization for more information. This number can usually be found in the city and county services section of your telephone book under "Child and Family Services." The police could also be a resource.

Young people with a history of sexual abuse are often prone to engage in behaviors such as frequent unprotected sex and substance abuse that place them at high risk for HIV infection. Depression, feelings of isolation and being out of control, and a difficulty with trust frequently characterize people who have been sexually abused.[37] All of these undermine a young person's sense of personal power and self-esteem—qualities needed to make reasonable decisions, to communicate feelings, and to practice safer sex.

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[36] M. Quackenbush, and S. Villarreal, *Does AIDS Hurt? Educating Your Children About AIDS*, Santa Cruz, CA, Network Publications, 1988, p. 114.

[37] S. Zierler et al., "Adult Survivors of Childhood Sexual Abuse and Subsequent Risk of HIV Infection," *American Journal of Public Health*, vol. 81, no. 5, May 1991.

PARENTAL NOTIFICATION AND INVOLVEMENT

Before teaching this curriculum, be sure to find out whether or not your school district requires parental or other approval before teaching about HIV prevention. Even if it is not required, we strongly recommend you inform parents that their children will be learning about HIV and AIDS.

We also suggest that you invite parents (and extended family members) to a meeting to talk about HIV and AIDS and what their children will be learning. A sample letter (in English and in Spanish) is included in Appendix C.

Ideally, the curriculum would be first taught to parents or to parents and youth together. This would:

- educate parents about HIV prevention;
- secure their support for the program;
- facilitate communication between parents and their children about sexuality and HIV.

Families who have recently immigrated to the United States often find that the generational gap typically experienced by parents and adolescents is compounded by different rates of acculturation between parents and their children. Many parents will welcome help in understanding what their children are experiencing in this new culture, which often feels full of danger to them.

If time and resources do not permit you to hold multiple meetings with parents, you could, in one evening, outline the curriculum to parents, explain why it is important for their children to know this information and learn these skills, review basic HIV facts, answer questions, and encourage parents to talk with their sons and daughters about these important issues. You might want to send for the San Francisco AIDS Foundation's *Parent-Teen AIDS Education Project* manual, which includes a detailed parent meeting format in both English and Spanish (see Appendix D: Selected Resources).

Lesson III includes an optional homework assignment involving students talking with their parents. Since, as mentioned above, the family is a particularly important unit in Latino culture, enabling families to open up communication about HIV, AIDS, and sexuality can help youth make responsible decisions about their health behaviors.

A CHECKLIST FOR TEACHERS[38]

The lessons in this curriculum cover the essential facts about HIV and AIDS in an interesting, varied format that is relevant for farmworker students. You must be knowledgeable and prepared to present these lessons, so that students' questions can be fielded accurately and appropriately. Adequate preparation will also help you feel more secure and comfortable with teaching a subject that is, admittedly, sensitive and controversial.

As a final step in preparing yourself to teach this curriculum, review the following checklist:

- ☐ Have you familiarized yourself with your school system's and state's policies on HIV education? Are portions of the curriculum restricted by your school's or state's policy? Is there additional information you should teach?
- ☐ Have you informed parents that you will be teaching about AIDS and HIV? A parent information night is an effective way of reassuring parents that you are not encouraging early sexual activity and that you will respect parental values. It also educates parents about AIDS and HIV and builds their support for the program. APPENDIX C to this curriculum includes a sample parent notification form.
- ☐ Does your school foster a comfortable and trusting classroom atmosphere that will support the kind of discussion that potentially controversial topics, such as AIDS and HIV, require? If not, is there any way to set the stage by establishing guidelines?
- ☐ Are there places in your curriculum where HIV education would be most appropriate, such as within a unit on sexually transmitted diseases, sexuality, or drug abuse?
- ☐ After considering the factors above, have you decided when to teach about HIV?
- ☐ Have you reviewed and familiarized yourself with all of the material in this section and in APPENDIX B: Background Information About AIDS and HIV?
- ☐ Have you talked with other people in your school who might be good sources of information and support about HIV education, such as your school nurse, health or sexuality educator, or guidance counselor?

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[38] This section has been excerpted in large part from *Preventing AIDS: A Curriculum for Middle School and A curriculum for Junior/Senior High School Students*, developed by Education Development Center, Inc., Newton, MA, 1988 with support from the Division of Adolescent and School Health, Centers for Disease Control and Prevention.

PREPARING YOUR STUDENTS

INTRODUCTION

This section includes three activities to prepare your students for the lessons in this curriculum. Depending on the students' age and grade level, some classes will need more preparation than others.

1. **Presurvey:** This is to be administered before instruction begins. It will be used in Lesson I as the basis of class discussion.

2. **Question Box:** This should be introduced here and used throughout the curriculum.

3. **Ground Rules for Class Discussion:** These should be established at the outset in order to create an atmosphere of trust and respect.

MATERIALS

Handouts should be available for all students. The necessary supplies and preparation are summarized in the following table:

	Activity	**Supplies**
Core Activities	Everybody Is Talking About AIDS	Handout 1 (pages 29-36): "Everybody is Talking About AIDS — Presurvey" (1 per student)
	Question Box	A cardboard box with a slit in the cover (one for the class)
	Ground Rules for Class Discussion	A large sheet of paper and a marker
Optional Activities	None	

EVERYBODY IS TALKING ABOUT AIDS—PRESURVEY

The very first thing you should do is administer the presurvey, "Everybody is Talking About AIDS." This survey is both a learning activity and a way to measure your students' knowledge and attitudes about AIDS. This will show you what your students already know and where there are gaps in their knowledge. The presurvey should be administered before beginning the activities in Lesson I. Ideally, it would be best to administer it the day before beginning Lesson I.

If you are teaching all five of the lessons, you are strongly encouraged to administer this survey twice, once before teaching the curriculum and again at the end. You will be able to compare the results of the two surveys and measure what your students have learned. This comparison will also be useful to NCAS in evaluating the impact of the curriculum. Please submit both the presurveys and the postsurveys to NCAS for analysis. NCAS staff will tabulate the results and return them to you in summary form. They will not include names of the students. To determine whether a student has benefited from the curriculum, however, you need to ask each student to pick an identifying code, such as a relative's initials. The student should write this code on both the presurvey and the postsurvey.

Return all the completed surveys to the National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116. Please indicate which activities, both core and optional, you taught. If you have any questions about the curriculum or the survey instrument, call NCAS at (617) 357-8507.

INSTRUCTIONS

The purpose of the presurvey is to assess student knowledge before instruction begins. It is important that students complete the survey even if you do not plan to use it for evaluation purposes. Reviewing the correct answers is a central part of Lesson I, thereby giving students basic facts about HIV and AIDS.

Distribute a copy of the presurvey, "Everybody is Talking About AIDS," to each student. (Handout 1)

Suggested teacher narration:

Before we begin learning about HIV and AIDS, you will answer a short questionnaire. THIS IS NOT A TEST. Your	Antes de comenzar a aprender sobre el VIH y el SIDA, ustedes van a contestar un breve cuestionario. Esto NO ES UN EXAMEN. No se va

questionnaire, or survey, will not be graded. After we finish our AIDS unit I will ask you to answer this questionnaire again. Its purpose is to help the people who wrote these lessons to know whether they have helped you learn about AIDS. You are not expected to know all of the information on the survey. The survey can, however, help us begin discussing the facts. The last three questions are discussion questions that ask only for your opinion.

a calificar este cuestionario. Después que terminemos este capítulo, les voy a pedir que contesten este cuestionario otra vez. El propósito de este estudio es ayudar a las personas que escribieron estas lecciones a determinar si las lecciones les han ayudado a aprender sobre el SIDA. No se espera que ustedes sepan toda la información del cuestionario. Sin embargo, puede ayudarnos a comenzar la discusión. Las tres últimas preguntas son para discusión y piden sus opiniones solamente.

Read through the instructions with the students before they begin to respond to the statements.

After the students have finished, immediately collect the presurveys. Remind them that they will review the answers together in Lesson I.

EVERYBODY IS TALKING ABOUT AIDS

Presurvey

Directions: Please fill in the information requested below before you respond to the presurvey.

NOTE: Make up a code of either letters or numbers and write it on the line below. This is so that no one will know who filled out which survey.

Student Code: ____________ Check one: ☐ Male ☐ Female

Grade: _____ Age: _____ Place of Birth: ____________________
(Name of Country or Territory)

Ethnic Background (check one):

☐ Latino/Hispanic
Country of family's origin ____________

☐ White/Non-Hispanic

☐ Asian

☐ African American/Black (non-Haitian)

☐ Haitian

☐ Native American (non-Hispanic)

☐ Multiracial

☐ Other ______________

Teacher Name: ________________________
(Last Name)

Directions: **THIS IS NOT A TEST. You will not be graded. Please answer honestly.**

You will be asked to respond to these same statements again in a few days. Your answers will show whether these lessons helped you learn about AIDS.

Read each statement. If you think the statement is true, circle TRUE. If you think the statement is false, circle FALSE. Some statements ask for your opinion. If you agree with the statement, circle AGREE. If you do not agree with the statement, circle DISAGREE.

1. HIV causes AIDS.

   TRUE FALSE

2. Only gay men get AIDS.

   TRUE FALSE

3. Women buy almost as many condoms as men.

   TRUE FALSE

4. Even if teenagers get HIV, they probably won't die.

   TRUE FALSE

5. HIV can be passed by kissing on the mouth.

   TRUE FALSE

6. Men cannot get HIV if they have sexual intercourse only with women.

   TRUE FALSE

7. A condom can be used over and over again.

   TRUE FALSE

8. You have to be an adult to buy condoms.

TRUE FALSE

9. You can tell by looking if a person is infected with HIV.

TRUE FALSE

10. Latex condoms give good protection against HIV.

TRUE FALSE

11. There is a blood test for HIV infection but not for AIDS.

TRUE FALSE

12. You can get HIV from toilet seats.

TRUE FALSE

13. There is no cure for HIV infection or for AIDS.

TRUE FALSE

14. You can get HIV from oral sex.

TRUE FALSE

15. You can get HIV from donating blood.

TRUE FALSE

16. You can get HIV from sharing needles.

TRUE FALSE

17. Vaseline destroys condoms.

TRUE FALSE

18. Teenagers feel that if their friends are having sex, they should have sex, too.

    AGREE DISAGREE

19. The best way for teenagers to prevent HIV infection is not to have sex.

    AGREE DISAGREE

20. It is not manly to use condoms.

    AGREE DISAGREE

TODO EL MUNDO ESTA HABLANDO ACERCA DEL SIDA

Encuesta Preliminar

Instrucciones: Favor de contestar las preguntas solicitadas abajo antes de responder al resto de la encuesta preliminar.

NOTA: Invéntese un código de números o letras y escríbalo en la línea correspondiente. De esta forma nadie sabrá quien contestó la encuesta.

Código: ________

Marque con una "X": ☐ Hombre ☐ Mujer

Grado:___ Edad: ___ Lugar de Nacimiento: ____________________
(Nombre del país o territorio)

Grupo Etnico (marque con una "X"):

☐ Latino/Hispano
País del origin
familiar________

☐ Blanco/No Hispano

☐ Asiático

☐ Afroamericano/Negro
(No-Haitiano)

☐ Haitiano

☐ Indígena Norteamericano
(No-Hispano)

☐ Multiracial

☐ Otro ________________

Nombre del (la) Maestro(a):____
(Apellido)

Instrucciones: LO SIGUIENTE NO ES UN EXAMEN. No habrá calificaciones. Favor de responder con honradez.

En unos diás volveremos a preguntarles estas mismas preguntas para saber si estas lecciones le ayudaron a aprender algo sobre el SIDA.

Lea cada frase. Si cree que la frase es cierta, haga un círculo alrededor de la palabra CIERTO. Si cree que es falsa, haga un círculo alrededor de FALSO. Algunas frases piden su opinión. Si está de acuerdo, ponga el círculo alrededor de la palabra ACUERDO. Si no lo está, ponga el círculo alrededor de la palabra DESACUERDO.

1. El VIH causa el SIDA.

   Cierto Falso

2. Solamente los hombres homosexuales contraen el SIDA.

   Cierto Falso

3. Las mujeres compran casi tantos condones como los hombres.

   Cierto Falso

4. Aunque contraigan el VIH, los jóvenes probablemente no mueren.

   Cierto Falso

5. EL VIH puede transmitirse por un beso en la boca.

   Cierto Falso

6. Los hombres no contraen el VIH si tienen contacto sexual únicamente con mujeres.

   Cierto Falso

7. Un condón puede usarse varias veces.

   Cierto Falso

8. Es necesario ser mayor de edad para poder comprar condones.

   Cierto Falso

9. Es suficiente ver a una persona para saber si tiene el VIH.

   Cierto Falso

10. Los condones hechos de látex dan buena protección contra el VIH.

    Cierto Falso

11. Existe un examen de sangre para el VIH, pero no para el SIDA.

    Cierto Falso

12. Se puede contraer el VIH de la silla del excusado (inodoro) en el baño.

    Cierto Falso

13. No hay cura para la infección del VIH ni para el SIDA.

    Cierto Falso

14. Se puede ser infectado con el VIH por medio de las relaciones sexuales orales.

    Cierto Falso

15. Se puede contraer el VIH al donar sangre.

    Cierto Falso

16. Se puede ser infectado con el VIH al compartir agujas para inyectarse drogas.

    Cierto Falso

17. La vaselina destruye los condones.

    Cierto Falso

18. Muchos jóvenes creen que si sus amigos están teniendo relaciones sexuales, ellos también deben hacerlo.

    Acuerdo Desacuerdo

19. La forma más segura para que los jóvenes se protejan contra el VIH es no tener relaciones sexuales.

    Acuerdo Desacuerdo

20. Los hombres machos no usan condones.

    Acuerdo Desacuerdo

QUESTION BOX

An anonymous question box in the classroom allows students to ask questions without being intimidated or embarrassed. Make one by cutting a slit in the top of a cardboard box. Put it in a prominent place. It is very important that you remember to collect the questions from the box each day and prepare answers for the following day.

Suggested teacher narration:

This is our Question Box. I will leave it in the classroom all the time we are learning about HIV and AIDS. You may write down a question and put it in the box at any point during these lessons. Be sure to write the questions clearly so that I can read them. These questions are "anonymous." That means that you do not have to sign your name. If you do choose to sign your name, I will not say in class who wrote it.	Esta es nuestra caja de preguntas. La voy a dejar en la clase durante el tiempo en que estemos estudiando este tema. Pueden escribir preguntas y ponerlas en la caja en cualquier momento durante las lecciones. Por favor escriban claramente para que yo pueda leer las preguntas. Estas preguntas son "anónimas." Esto quiere decir que no tienen que poner su nombre. Si usted decide poner su nombre, yo no mencionaré en clase quien lo escribió.
No question is silly or stupid. Sometimes people put in questions that they are embarrassed to ask in front of the class. Other times people think of questions after the class has finished discussing a particular topic.	Ninguna pregunta es boba ni estúpida. A veces se pone en las preguntas lo que les da vergüenza preguntar en clase. Otras veces se les ocurre la pregunta después de que hemos terminado de examinar un tema.
Each day, after class, I will collect the questions from the box. I will answer the questions during the next class. If I do not know the answer to a particular question, I will tell you that I am looking for the answer.	Todos los días después de la clase voy a recoger las preguntas de la caja. Voy a contestar las preguntas durante la próxima clase. Si no sé la respuesta a alguna de las preguntas, les voy a informar que la estoy buscando.
If you want a private answer, say so on the card. I will not read that	Si alguien quiere una respuesta en privado, escriba esto en la tarjeta.

> question out loud. If you write your name, I will give you an answer or help you find one. If you do not want me to know who asked, put a code name on the card. I will put the answer in an envelope with the code name on it under the question box (or other place).

> No voy a leer esa pregunta en voz alta. Si escriben su nombre, les doy la respuesta o les ayudo a buscarla. Si no quieren que yo sepa quien preguntó, escriban un código en la tarjeta. Les voy a poner la respuesta en un sobre con el código debajo de la caja (o en otro lugar).

Be aware that you could receive questions that alert you to situations of grave importance, such as child abuse. For information on what you should do if this happens, see section entitled, "AIDS and Sexual Abuse," near the end of "Preparing Yourself."

GROUND RULES FOR CLASS DISCUSSIONS [*]

Cooperative learning strategies lead to lively class discussion. Create a classroom climate that makes students—and you—feel safe and comfortable. Develop with the class a set of ground rules. Write them on a large sheet of paper. Post them in a prominent place.

Suggested teacher narration:

> These lessons involve many group activities. You will be talking and working together in small groups and as a whole class. We will be talking about topics that we do not often discuss in school. It is very important that everyone feels safe, comfortable, and respected. Let's make some ground rules to follow during these class discussions.

> Estas lecciones implican muchas actividades en grupo. Ustedes van a hablar y a trabajar en grupos pequeños y en conjunto con toda la clase. Vamos a hablar sobre temas de los que normalmente no se habla en la escuela. Es importante que todos nos sintamos seguros, cómodos y respetados. Vamos a ponernos de acuerdo sobre algunas reglas básicas para estas discusiones en clase.

Be sure that the following points are included. Suggest them yourself if the students have not thought of them.

- All points of view are

- Todos los puntos de vista son

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[*] Excerpted from Alfie Kohn, "It's Hard to Get Left Out of a Pair," *Psychology Today*, October 1987.

worthwhile. It is okay to question or disagree with someone's opinions. It is not permissible to put down, laugh at, or preach to others.

- People learn by asking questions. No question is stupid or wrong.
- It is all right to feel embarrassed. It is all right not to know the answers to all questions.
- All people will be treated with respect.
- Students should not ask personal questions of other students or of the teacher. Everyone has the right to "pass" on questions he or she does not wish to answer. The teacher has the same right as students to choose not to answer any personal question, either in front of the class or in private.
- Do not share personal information about other students outside of this class.

válidos. Se puede cuestionar y estar en desacuerdo con las opiniones de los demás. No se permite ni burlarse, ni menospreciar, ni predicarles a los demás.

- Se aprende al hacer preguntas. Ninguna pregunta es incorrecta ni estúpida.
- Es normal sentir vergüenza. Es normal no saber las respuestas a todas las preguntas.
- Se va a tratar a todas las personas con respeto.
- Nadie debe hacer preguntas personales ni a los otros estudiantes ni al(a) maestro(a). Todos tenemos derecho a "pasar," eso es no responder a las preguntas que no queramos contestar. El(a) maestro(a) tiene el mismo derecho que los estudiantes a decidir no contestar cualquier pregunta personal en la clase o en privado.
- Esta prohibido compartir información sobre los demás estudiantes fuera de la clase.

Clarify students' understanding of the rules and of their importance. Post them in a prominent place in the classroom. Review them from time to time, particularly if any students have difficulty observing them.

LESSON I

BASIC FACTS ABOUT HIV AND AIDS

STUDENT OBJECTIVES

- Understand basic facts about HIV and AIDS and how HIV is transmitted and can be prevented.
- Understand basic HIV and AIDS concepts.
- Talk about HIV and AIDS in a "safe" atmosphere.
- Understand the "multiplier" effect of how one infected person engaging in high-risk behaviors can, directly and indirectly, infect many others.

RATIONALE

Students must have a basic understanding of HIV, how they can protect themselves against it, and how they unwittingly can be infected if they engage in high-risk behaviors.

OVERVIEW

Lesson I is self-contained and can be used with or without Lessons II through V. It covers the most critical information about HIV and AIDS: definitions of HIV and AIDS, the nature of HIV and AIDS, HIV transmission, and HIV prevention.

This first lesson includes two core activities. You are encouraged to use the two optional activities to reinforce the content presented in the core activities.

MATERIALS

Handouts and supplies should be available for all students. The necessary supplies and preparation are summarized in the following table:

	Activity	Supplies
Core Activities	Virus Z Game	1 index card, 1 envelope, and 1 pencil (1 of each per student)
	Everybody Is Talking About AIDS	Handout 1 (pages 29-36): "Everybody is Talking About HIV and AIDS" from Preparing Your Students (1 per student) OR a transparency made from Handout 1 and an overhead projector Handout 2 (pages 65-66): "Facts to Remember About HIV and AIDS" (1 per student)
Optional Activities	An AIDS Word Map	Handout 3 (pages 69-70): "An AIDS Word Map" (1 per student) Optional: Transparency made from Handout 3 and an overhead projector
	From the Disk of Alberto	Handout 4 (pages 75-78): "From the Disk of Alberto" (1 per student) Transparency 1 (pages 79-80): "From the Disk of Alberto Questions"; overhead projector

Every student should be given a copy of Handout 2, "Facts to Remember about HIV and AIDS," at the end of Lesson I. Be sure to add the number of a local AIDS hotline before copying the handout. Your local or state health department can supply the hotline number. See the end of Appendix D for a list of state hotlines.

CORE ACTIVITIES

VIRUS Z GAME[1] (15 minutes)

This activity works best with a minimum of eight students. The game is designed to show students how HIV can be spread and how one could be an unwitting participant in spreading it. Students need to understand that the card game is only an imaginary way to help them understand how HIV can spread from one person to another. It is important that they understand that, in real life, HIV is not spread by shaking hands.

Allow enough time for follow-up discussion immediately after the activity to relate the game to HIV transmission. This game is a powerful learning tool that should be used fully.

Prepare the index cards before class. From the pack of index cards, mark one "VIRUS." Mark two or three more index cards with the word "GLOVE." Leave the remaining cards blank. Fold all the cards. Place them in individual envelopes and seal them to ensure that no one is aware of the card they are given.

There are fairly long sections in this lesson of the teacher's remarks to students. In order not to lose students' attention, familiarize yourself with the material in advance. You can then use your own words, rather than reading verbatim.

Suggested teacher narration:

I am sure that most of you have heard about AIDS. You may have even studied about it before. You may have heard some things about AIDS that are true. You may also have heard things that are not true. Because of your travels, many of you have missed some of the school year. You may have missed health classes about AIDS. I want you to know the facts. Then you can protect

Estoy segura (o) que casi todos ustedes han oído hablar del SIDA. Es posible que ustedes hayan estudiado esta enfermedad en otras clases. Es posible que hayan oído cosas sobre el SIDA que son ciertas. También es posible que hayan oído cosas sobre el SIDA que no son ciertas. Por lo que ustedes viajan, muchos de ustedes han perdido parte del año escolar. Podrían haber faltado a las clases sobre el SIDA.

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[1] The "Virus Z Game" was suggested by Rick Hawkins, Sharon High School, Sharon, MA, and is adapted from *Preventing AIDS: A Curriculum for Middle School and A Curriculum for Junior/Senior High School Students*, developed by Education Development Center, Inc., Newton, MA, 1988, with support from the Division of Adolescent and School Health, Centers for Disease Control and Prevention.

yourself and others from ever getting HIV, the virus that causes AIDS.

We are going to do some activities to teach you more about AIDS and HIV and how you can protect yourself from ever becoming infected. Many of our lessons will involve group activities. All the lessons will involve talking and working together. Let's review the rules we have agreed to follow:

- All points of view are worthwhile. It is okay to question or disagree with someone's opinions. It is not okay to put down, laugh at, or preach to others.
- It is good to ask questions—that is how we learn. No question is stupid or wrong.
- It is all right to feel embarrassed. It is all right not to know the answers to all questions. Sometimes even I will not know an answer.
- We will treat all persons with respect.
- Do not ask personal questions of other students or of me. Everyone has the right to "pass" on questions he or she does not wish to answer.

HIV, the virus that causes AIDS,

Yo quiero que sepan la verdad sobre el SIDA. Así podrán protegerse a ustedes y a otras personas contra el VIH, el virus que causa el SIDA.

Vamos a llevar a cabo algunas actividades para enseñarles más sobre el SIDA y el VIH, y cómo pueden protegerse para no infectarse nunca. Muchas de nuestras lecciones incluyen actividades en grupos. Todas las lecciones requieren que conversemos y trabajemos juntos. Repasemos las reglas que estamos de acuerdo con obedecer:

- Todos los puntos de vista son válidos. Se puede cuestionar y estar en desacuerdo con las opiniones de los demás. No se puede ni burlarse, ni menospreciar, ni predicarles a los demás.
- Es bueno hacer preguntas. Ninguna pregunta es incorrecta ni estúpida.
- Es normal sentir vergüenza. Es normal no saber las respuestas a todas las preguntas. En ocasiones, ni yo voy a saber la respuesta.
- Se va a tratar a todas las personas con respeto.
- Nadie debe hacerles preguntas personales ni a los otros estudiantes ni a mí. Todos tenemos el derecho a "pasar" las preguntas que no queremos contestar.

El VIH, el virus que causa el SIDA,

can be passed from one person to another (that is, transmitted) by sexual intercourse. We are going to talk about some things that may be new to you. You might feel embarrassed. That is okay. Many of us are not used to talking about such personal things as sexual behavior, the sexual parts of our bodies, and our relationships with others. But sexual feelings are a natural part of our lives.

Because of your travels, you meet many new people. You do not know much about them. You do not know if they do drugs. You do not know if they have had sex with someone who was infected with HIV.

You are no more at risk for getting HIV than any other person just because you travel. It is the decisions you make about what you do—your behavior—that affect your risk of getting HIV.

Let's begin our first activity. It is a game called, *The Virus Z Game*.

You will each receive an envelope. Do not open it until you are told to do so. The envelope contains information you will need later in the game.

puede pasar (es decir transmitirse) de una persona a otra a través de las relaciones sexuales. Vamos a hablar de ciertas cosas que podrían ser nuevas para ustedes. Es posible que estas cosas les hagan sentir vergüenza. Esto es natural. Muchos de nosotros no estamos acostumbrados a hablar de cosas tan personales como el comportamiento sexual, las partes sexuales de nuestro cuerpo, y nuestras relaciones con los demás. Pero las relaciones sexuales son una parte natural de la vida.

Por lo que ustedes viajan, conocen a muchas personas nuevas. No saben mucho sobre ellos. No saben si usan drogas. No saben si han tenido relaciones sexuales con personas infectadas con el VIH.

Ustedes no se ponen en peligro de ser infectados sencillamente porque viajan. Lo que los pone en peligro de ser infectados con el VIH son las decisiones que toman acerca de lo que hacen—su comportamiento.

Vamos a comenzar nuestra primera actividad. Es un juego llamado *El Juego Virus Z.*

Cada uno de ustedes recibirá un sobre. No lo abran hasta que se les diga. El sobre contiene información que van a necesitar en el juego.

Distribute the envelopes and pencils to the students. Make sure someone receives the Virus Z card.

Remember, do not open the

Recuerden que no deben abrir el

envelope yet. When I say "Begin," I would like you to move about the room and greet five different people. On the outside of your envelope, write the name of each person you greet. You may shake hands or hug or simply speak to each person you meet. After you have greeted five people, return to your seat. Do you understand the instructions? If so, we will begin now.

sobre todavía. Cuando yo diga "comiencen," quiero que se muevan en el salón y saluden a cinco personas. En la parte de afuera de sus sobres escriban el nombre de cada persona a la que saludaron. Pueden darse la mano, o un abrazo o sencillamente hablarse cuando se saluden. Después de saludar a las cinco personas, regresen a sus asientos. Si todos entienden las instrucciones, vamos a comenzar ahora.

When everyone has finished and is seated, proceed.

Usually we do not know when we first get a virus. We do not know until the virus makes us sick. That is what happens when we get a cold.

Pretend that you and your family have followed the crops to a country where there is a fatal disease caused by the Virus Z. There is only one way to become infected with Virus Z . That way is to shake hands with someone who has already been infected with it. Virus Z does not spread in any other way.

Each of you may now open your envelope. Would the person with the Virus Z card please stand? Would everyone who greeted ______________ *(name of Virus Z card holder)* please stand up?

If any of you who just stood up greeted ______________ *(name of Virus Z card holder)* in a different way than shaking hands, please sit down.

Por lo general, no sabemos cuando un virus nos infecta. No lo sabemos hasta que nos enfermamos. Eso es lo que pasa cuando nos da un catarro.

Supongan que ustedes y sus familias han seguido las cosechas a un país donde hay una enfermedad mortal causada por el Virus Z. Hay solamente una manera de infectarse con el Virus Z. Esa manera es dándole la mano a una persona que ya está infectada con el virus. El Virus Z no se propaga de ninguna otra manera.

Ya pueden abrir su sobre. Ahora, la persona con la tarjeta Virus Z ¿nos hace el favor de levantarse? Todos los que saludaron a ______________ *(nombre de la persona con la tarjeta Virus Z)* por favor levántense.

Si algunos de los que se levantaron saludaron a ____________*(Nombre de la persona con la tarjeta Virus Z)* sin darle la mano, siéntense por favor.

If any of you who are still standing have a card with the word, "GLOVE," written on it, please sit down. People with "GLOVE" on their card were protected from the Virus Z.	Si algunos de los que están todavía de pie, tienen una tarjeta con la palabra "GUANTE", por favor siéntense. Las personas con la tarjeta que dice "GUANTE" estaban protegidas contra el Virus Z.
Would everyone who greeted any of the people still standing, please stand up? You could have gotten the Virus Z. If any of you have "GLOVE" written on your card, please sit down. The "GLOVE" protected you from the Virus Z. If you did not shake hands with any of these people, please sit down.	Todas las personas que saludaron a cualquiera de las personas que todavía están de pie, levántense por favor. Ustedes podrían haberse infectado con el Virus Z. Si algunos tienen una tarjeta que dice "GUANTE", se pueden sentar. El "GUANTE" los protegió del Virus Z. Si no le dieron la mano a ninguna de las personas paradas por favor siéntense.
Look around you. Everyone who is standing could have been infected with the Virus Z. Remember, at the beginning of the game only one person had the Virus Z. This illustrates how quickly the Virus Z could spread from just one person.	Miren a su alrededor. Todas las personas que están de pie pudieron haber sido infectadas con el Virus Z. Acuérdense que al comenzar el juego solamente una persona tenía el Virus Z. Esto demuestra la rapidez con la cual una sola persona puede transmitir el Virus Z.
Everyone who is seated could not have been infected. What did you do to protect yourself? *(Wore a glove; hugged instead of shaking hands.)*	Todos los que están sentados no pudieron infectarse. ¿Qué hicieron para protegerse? *(Se pusieron un guante; se abrazaron en vez de darse la mano.)*

Have all the students be seated. Begin discussing the Virus Z game. Suggested questions include the following:

In the beginning of the game, did you have any idea who had Virus Z and who did not? *(No. You cannot tell by how a person acts or looks whether he or she has the virus.)*	¿Tienen alguna idea de quién tenía y quién no tenía el Virus Z al comenzar el juego? *(No. No se puede reconocer si una persona tiene el virus solamente al verla o por la forma en que se comporta.)*

How did it feel to be the person with Virus Z?	¿Cómo se sintió ser la persona con el Virus Z?
To be a person infected with Virus Z?	¿Ser una de las personas infectadas con el Virus Z?
To be a person who wore a glove?	¿Ser una de las personas que tenía los guantes?
To be a person who hugged or simply said, "Hi," instead of shaking hands? *(If any students refused to participate at all, you can include them here.)*	¿Ser una de las personas que saludó con un abrazo, o simplemente dijo "Hola", en vez de darse la mano? *(Si algún estudiante se negó a participar, puede incluirlo aquí.)*
How did all of you feel when you realized how many people had been infected with Virus Z?	¿Cómo se sintieron al darse cuenta de que hubo tanta gente infectada con el Virus Z?
Were you surprised that so many people were infected by just one person?	¿Se sorprendieron de que tantas personas hubieran sido infectadas por una sola persona?
How were you exposed to Virus Z in this game? *(By shaking hands with an infected person.)*	¿Cómo fueron expuestos ustedes al Virus Z en este juego? *(Dándole la mano a una persona infectada.)*
Could you get HIV by shaking hands with an infected person? Why or why not? *(No—the HIV virus cannot live outside the human body. You cannot get HIV through casual contact.)*	¿Se puede contraer el VIH dándole la mano a una persona infectada? ¿Por qué sí o por qué no? *(No. El virus VIH no puede vivir fuera del cuerpo humano. El VIH no se transmite a través del contacto casual.)*
Can you think of a way that HIV and the game Virus Z are similar? *(People catch HIV because of their behavior, not because of the kind of people they are. In the game, Virus Z was passed by a certain behavior [hand-shaking]. It did not make any difference who the person was.)*	¿Pueden pensar en una manera en que el VIH y el juego Virus Z son similares? *(La gente se infecta por su comportamiento no por el tipo de persona que sea. En el juego, el Virus Z se transmitió por cierto comportamiento [dar la mano]. No importa quiénes eran las personas.)*

How could the people in that country protect themselves from Virus Z? *(They could wear gloves every time they shake hands with someone. Or, they could decide not to shake hands when greeting each other.)*	¿Cómo puede protegerse la gente en ese país contra el Virus Z? *(Pueden usar guantes cada vez que le den la mano a alguien. O pueden decidir no saludar dando la mano.)*
What do you think the people in that country should do to get rid of the Virus Z? *(They could spend money on finding a cure for the disease or a vaccine for the virus. They could educate people how not to get the virus.)*	¿Qué creen ustedes que la gente de ese país debe hacer para eliminar el Virus Z? *(Podrían invertir dinero en encontrar una cura para la enfermedad o una vacuna contra el virus. Podrían educar a la gente sobre cómo prevenir la infección.)*
What should they do with the people who have Virus Z? *(They should take care of the people who get the disease.)*	¿Qué deben hacer con la gente que tiene el Virus Z? *(Deben cuidar a las personas que tienen la enfermedad.)*

NOTE: At this point, be sure to make the transition back from discussing Virus Z to discussing HIV.

EVERYBODY IS TALKING ABOUT AIDS (30 minutes)

In this activity, students have a chance to discuss the statements in the presurvey, "Everybody Is Talking About AIDS" (Handout 1).

Suggested teacher narration:

The purpose of the next activity is to learn what is and is not true about AIDS and HIV. As a teenager, you are always getting advice about how you should behave and what you should believe. Sometimes it is not easy to know whether this advice is based on correct information. Sometimes the advice is correct. Other times what you hear from friends or on TV is based on opinions, rumors, or myths.	El objetivo de la siguiente actividad es aprender lo que es y no es cierto sobre el SIDA y el VIH. Como jóvenes, ustedes siempre reciben consejos acerca de cómo deben comportarse y qué deben creer. Algunas veces no es fácil saber si los consejos están basados en información correcta o no. A veces los consejos son correctos. Otras veces lo que ustedes oyen de sus amigos o por la televisión se basa en opiniones, rumores o mitos.
We are going to review the basic facts about HIV and AIDS.	Vamos a repasar los datos básicos sobre el VIH y el SIDA.

Give each student a second copy of the presurvey to refer to while the answers are discussed. (Or, if you wish, display a transparency of the presurvey on an overhead projector.)

This is the presurvey you took before we began our lesson. We are going to review the statements and discuss why each is true or false and whether you agreed or disagreed with the last three statements.	Esta es la encuesta preliminar que tomaron antes de comenzar la lección. Vamos a repasar cada una de las frases y a examinar por qué cada una de ellas es verdadera o falsa y si ustedes estuvieron de acuerdo o no con las últimas tres frases.

Read aloud the survey statements and discuss the answers from the Answer Key which follows. Questions #18, #19, and #20 are discussion questions.

PRESURVEY—ANSWER KEY

1. **HIV causes AIDS. TRUE**

The human immunodeficiency virus (HIV) causes AIDS (acquired immunodeficiency syndrome). AIDS is an illness that usually results in death. This happens because the body can no longer fight certain infections or cancers.

2. **Only gay men get AIDS. FALSE**

Who you are does not cause you to get AIDS. It is what you do—your behavior. HIV is transmitted, or passed, from one person to another in three ways. It is transmitted by sexual intercourse, by shared needles and syringes, and from a mother to her child during pregnancy, childbirth, or breast-feeding.

Anyone—of any ethnic background, rich or poor—can be infected with HIV. The African American and Latino communities have been hit very hard by AIDS. Twelve percent of the United States population is African American, but 34% of people with AIDS are African American. Nine percent of the United States population

1. **El VIH causa el SIDA. CIERTO**

El virus de inmunodeficiencia humano (VIH) causa el SIDA (Síndrome de Inmuno-Deficiencia Adquirida). El SIDA es una enfermedad que normalmente resulta en la muerte. Esto sucede porque el cuerpo ya no puede luchar contra ciertas infecciones ni cánceres.

2. **Solamente los hombres homosexuales contraen el SIDA. FALSO**

Quién sea la persona no le causa contraer el SIDA. Es lo que se hace, es decir, la conducta. El VIH es transmitido de una persona a otra de tres maneras: Se trasmite a través de las relaciones sexuales, al compartir agujas hipodérmicas y jeringas, y de una madre a su niño durante el embarazo, el parto, o la lactancia.

Cualquier persona—de cualquier grupo étnico, rico o pobre—puede ser infectada con el VIH. Las comunidades afroamericana y latinoamericana han sido afectadas fuertemente por el SIDA. El doce porciento (12%) de la población estadounidense es afroamericana, pero el 34% de las personas con SIDA son afroamericanas. El nueve porciento (9%) de la población is Latino, but 17% of people with AIDS are Latino.

It is true, however, that the gay community has been particularly hard hit by AIDS. Gay men who are infected with HIV are from many different racial and ethnic groups. In addition to white men, many Latino and African American men with AIDS got HIV because they had unprotected sex with other men.

3. **Women buy almost as many condoms as men. TRUE**

Each year, women buy almost one half of the condoms sold in the United States.

4. **Even if teenagers get HIV, they probably won't die. FALSE**

To teenagers, death often feels very far away and not for real. They deny that bad things like AIDS can happen to them. But any person can get AIDS whether she or he is young or old. HIV will destroy a teenager's immune system just like that of anyone else. Teenagers are just as likely as adults to die if they have AIDS. Many have already died.

estadounidense es latinoamericana, pero el 17% de la gente con SIDA es latinoamericana.

Sin embargo, es cierto que el SIDA ha afectado fuertemente a la comunidad homosexual. Los hombre homosexuales infectados con el VIH son de muchos grupos étnicos y raciales diferentes. Además de los hombres blancos, muchos hombres afroamericanos y latinoamericanos con SIDA contrajeron el VIH a través de las relaciones sexuales sin protección con otros hombres.

3. **Las mujeres compran casi tantos condones como los hombres. CIERTO**

Cada año, las mujeres compran casi la mitad de todos los condones vendidos en los Estados Unidos.

4. **Aunque contraigan el VIH, los jóvenes probablemente no mueren. FALSO**

Muchas veces los jóvenes sienten que la muerte está muy lejos, y que no es real. Niegan que les puedan pasar cosas malas, como el SIDA. Pero cualquier persona puede contraer el SIDA, los jóvenes tanto como los viejos. El VIH destruye el sistema inmunológico de un joven lo mismo que el de cualquier otra persona. Los jóvenes mueren igual que los adultos si tienen el

5. **HIV can be passed by kissing on the mouth.**
FALSE

Kissing on the mouth, sometimes called "dry kissing" or "social kissing," does not spread HIV. There is thought to be some risk of transmitting HIV by French kissing, when people put their tongues in each other's mouth. This could happen if someone had sores in his or her mouth or bleeding gums. No one knows, however, of anyone who has gotten HIV from French kissing. HIV is not spread by sneezing, hugging, sitting on toilet seats, touching, or by other types of everyday, casual contact. The virus does not live in the air or outside the human body.

HIV is transmitted in the following ways:

- through sexual intercourse (both anal and vaginal) and oral sex.
- by sharing contaminated needles or syringes.
- from an HIV-infected mother to her baby during pregnancy, childbirth, or breast-feeding. (In most of these cases, the mother has been infected with HIV by

SIDA. Muchos jóvenes ya han muerto del SIDA.

5. **El VIH puede transmitirse por un beso en la boca**
FALSO

Besarse en la boca, lo que a veces se llama "besos secos" o "besos sociales" no propaga el VIH. Se cree que existe riesgo de transmitir el VIH al besarse si las personas se besan "a la francesa" es decir, poniendo la lengua en la boca de la otra persona. Esto podría pasar si una persona tuviera llagas en la boca o si le sangraran las encías. Sin embargo no se sabe de ningún caso en que esto haya sucedido. El VIH no se propaga por los estornudos, abrazos, sentándose en las sillas de los baños, al tocar a una persona o a través de otras formas de contacto diario normal. El virus no vive en el aire o fuera del cuerpo humano.

El VIH se transmite de las siguientes formas:

- a través de las relaciones sexuales, tanto anales como vaginales, y orales;
- compartiendo agujas y jeringas contaminadas;
- de una madre infectada con VIH a su bebé durante el embarazo, el parto o al darle el pecho a su bebé. (En la mayoría de estos casos, la madre ha sido infectada con

sharing needles or by having sex with someone infected with HIV.)

- through a transfusion of blood contaminated with HIV. (This is unlikely now in the United States, because, since 1985, all blood that is donated is tested for infection with HIV. In Mexico, however, anyone in need of a blood transfusion, should ask to see that the container of blood to be transfused has a seal from the Secretaría de Salud. The seal should have a check mark on it.)

6. **Men cannot get HIV if they have sexual intercourse only with women. FALSE**

Men can get HIV from women. Women can get HIV from men. An infected woman has HIV in her vaginal fluid. She can pass HIV to her sex partner. An infected man has HIV in his semen. He can pass HIV to his sex partner.

7. **A condom can be used over and over again. FALSE**

A condom should never be used more than once. If someone takes a condom off

VIH por haber compartido agujas infectadas o por tener relaciones sexuales con alguien que tenga el VIH.)

- a través de una transfusión de sangre con el VIH. (Esto ya no es tan probable en los Estados Unidos, porque desde 1985, toda sangre donada se examina para ver si está infectada con VIH. Sin embargo, en México, toda persona que necesite una transfusión de sangre debe pedir que le muestren el envase de la sangre para verificar que tenga un sello de la Secretaría de Salud. El sello debe tener una marca de verificación.)

6. **Los hombres no contraen el VIH si tienen contacto sexual únicamente con mujeres. FALSO**

Los hombres pueden adquirir el VIH de las mujeres. Las mujeres pueden adquirir el VIH de los hombres. Una mujer infectada tiene el VIH en el flujo vaginal. Ella puede entonces transmitirle el virus a su compañero sexual. Un hombre infectado tiene el VIH en el semen. El puede transmitirle el VIH a la persona con quien tenga relaciones sexuales.

7. **Un condón puede usarse varias veces. FALSO**

Los condones nunca deben usarse más de una vez. Si una persona se quita un condón y se and puts it on again, infected semen inside the condom could drip onto the outside of the condom and contaminate it. HIV and other STDs could be passed in this way. A woman could also get pregnant. When used correctly, condoms are an effective barrier to HIV and to other sexually transmitted diseases. They are also a good form of birth control. When used correctly and all the time, condoms give a lot of protection from HIV, STDs, and unwanted pregnancy.

8. **You have to be an adult to buy condoms. FALSE**

Anyone can buy condoms. There is no age requirement. Many places, such as Departments of Public Health and Planned Parenthood clinics, give out free condoms.

9. **You can tell by looking if a person is infected with HIV or AIDS. FALSE**

People who are infected with HIV may not know for years that they are infected. They can look healthy, feel good, and have no symptoms.

Usually the first symptoms of

lo vuelve a poner, el semen contaminado podría regarse por fuera del condón y contaminarlo. El VIH y otras enfermedades que se transmiten sexualmente podrían transmitirse de esta forma. Una mujer podría también quedar embarazada. Cuando se usan correctamente, los condones son una barrera eficaz contra el VIH y otras enfermedades transmitidas sexualmente. También son una buena forma de control de la natalidad. Cuando se usan correctamente y siempre, los condones ofrecen gran protección contra el VIH, las enfermedades transmitidas sexualmente y el embarazo no deseado.

8. **Es necesario ser mayor de edad para poder comprar condones. FALSO**

Cualquier persona puede comprar condones. No hay requisito de edad. Muchos lugares, tales como los Departamentos de Salud Pública y clinicas de "Planned Parenthood" dan condones gratis.

9. **Es suficiente ver a una persona para saber si tiene el VIH. FALSO**

Las personas infectadas con el VIH podrían tardar años en saber que están infectadas. Se ven y se sienten bien, y no tienen síntomas.

Por lo general, los primeros

HIV infection that one can see are similar to symptoms of less serious, more common diseases. An infected person might have a lot of colds or get the flu easily. As the person gets sicker, she or he might have diarrhea that lasts for a long time, lose weight without dieting, or wake up at night sweating heavily. A person diagnosed with AIDS usually has certain kinds of pneumonia, cancers, or other infections that people with good immune systems rarely get.

10. **Latex condoms give good protection against HIV. TRUE**

Some condoms are made from latex rubber. Other condoms are made from the intestines of sheep. These are called "lambskin" or natural membrane condoms. This kind of condom protects against pregnancy, but not against HIV. HIV is so tiny it can pass through the pores, or holes, of natural condoms. Latex condoms do not have pores that HIV can pass through. When a latex condom is used correctly, it gives excellent protection against HIV.

11. **There is a blood test for HIV infection, but not for AIDS. TRUE**

síntomas visibles de infección con el VIH son síntomas similares a los de enfermedades menos serias y más comunes. Una persona infectada podría tener más catarros y contagiarse de influenza fácilmente. A medida que la persona se enferma más, podría darle una diarrea que le dure por mucho tiempo, puede adelgazarse sin hacer dieta, o despertarse durante la noche con mucho sudor. Una persona que tenga SIDA por lo general tiene ciertos tipos de neumonía, de cáncer, u otras infecciones que las personas con sistemas inmunológicos fuertes casi nunca contraen.

10. **Los condones hechos de látex dan buena protección contra el VIH. CIERTO**

Algunos condones son de hule látex. Otros son hechos de los intestinos de las ovejas. Se llaman "piel de cordero" o condones de membrana natural. Este tipo de condón protege contra el embarazo pero es posible que no proteja contra el VIH. El VIH es tan pequeño que puede pasar por los poros, o agujeros de los condones naturales. Los condones de látex no tienen poros por los que el VIH pueda pasar. Los condones de látex ofrecen excelente protección contra el VIH si se usan correctamente.

11. **Hay un examen de sangre para el VIH, pero no para el SIDA. CIERTO**

There is a blood test that can tell whether a person has made antibodies to HIV. When a person is exposed to a virus or a germ, the immune system makes antibodies to that disease. So when a person is infected with HIV, he or she will produce antibodies to HIV.

A positive test result means that the person's blood contains antibodies to HIV. This means that the person is infected with HIV. A negative test result means that the person probably is not infected with HIV.

A positive result does not mean that the person has AIDS now. It is, however, almost certain that the person will develop AIDS in the future. A positive test result does mean that the person can immediately infect others with whom he or she has sexual intercourse or shares needles or syringes. Teenagers need support to handle emotions that they will experience if they test positive. Students who are thinking of being tested should talk to a trained counselor both before and after the test.

The test is usually not positive until one to three months after a person is infected. This is because it takes the body awhile to

Existe un examen de sangre para determinar si la persona ha producido anticuerpos contra el VIH. Cuando una persona ha estado expuesta a un virus o germen, el sistema inmunológico produce anticuerpos contra esa enfermedad. Así es que cuando una persona está infectada con el VIH, él o ella producirá produce anticuerpos contra el VIH.

Si el examen de sangre es positivo, eso significa que la sangre de la persona contiene anticuerpos contra el VIH. Esto quiere decir que la persona está infectada con el VIH. Si el resultado es negativo, eso quiere decir que probablemente la persona no está infectada con el VIH.

El resultado positivo no significa que la persona tenga SIDA. Sin embargo, es casi seguro que la persona va a tener el SIDA en el futuro. El resultado positivo significa que la persona puede infectar inmediatamente a aquellos con los que tenga relaciones sexuales, o con los que comparta agujas y jeringas. Los adolescentes necesitan apoyo para manejar las emociones que sienten si el examen resulta positivo. Los estudiantes que están pensando hacerse el examen deben hablar con un consejero profesional tanto antes como después del examen.

Por lo general el examen no resulta positivo sino hasta de uno a tres meses después de la infección. Esto sucede porque el make enough antibodies for the test to be positive. So if a person takes the test within one to three months after engaging in a risk behavior, he or she might be infected even though the test is negative.

12. **You can get HIV from toilet seats. FALSE**

HIV is not spread by casual contact. You cannot get HIV from toilet seats, coughing, hugging, or other everyday contact with people. HIV is also not spread by mosquitoes or other insects.

13. **There is no cure for HIV infection or for AIDS. TRUE**

Currently, there is no cure for AIDS. There are now drugs that help many people with HIV or AIDS to live healthier lives. But they do not cure the disease or rid the person of HIV. Doctors and scientists all over the world are working very hard to find a cure.

14. **You can get HIV from oral sex. TRUE**

You can get HIV if you have any type of intercourse with someone who is already

cuerpo necesita tiempo para producir suficientes anticuerpos para que el examen resulte positivo. Así es que si la persona se hace el examen de uno a tres meses después de que se ha comportado en cierta manera que la ponga en riesgo, podría estar infectada aunque el resultado del examen haya sido negativo.

12. **Se puede contraer el VIH de la silla del excusado (inodoro) en el baño FALSO**

El VIH no se propaga a través del contacto casual. No se puede contraer el VIH a través de las sillas del baño, la tos, los abrazos, ni de otras formas de contacto casual con otras personas. El VIH tampoco se propaga por los zancudos o mosquitos.

13. **No hay cura para la infección del VIH ni para el SIDA. CIERTO**

Actualmente, no hay cura para el SIDA. Existen drogas que ayudan a las personas infectadas con el VIH o el SIDA a vivir más sanamente, pero ni curan a la persona, ni hacen que el VIH desaparezca. Hay médicos y científicos en todo el mundo tratando de descubrir como curar el VIH.

14. **Se puede infectarse el VIH por medio de las relaciones sexuales orales. CIERTO**

Se puede contraer el VIH al tener cualquier tipo de relaciones infected. Vaginal, anal, and even oral intercourse can transmit HIV.

15. **You can get HIV from donating blood. FALSE**

There is no way that you can get HIV from **giving** blood. When you give blood in the United States, the blood is drawn with a sterile needle. The needle is thrown away after that one use.

In the early years of the AIDS epidemic, however, some people got HIV when they **received** infected blood in a blood transfusion. But since 1985, the blood supply in the United States has been tested. The chances of receiving infected blood in a blood transfusion are now all but eliminated. In Mexico, however, anyone in need of a blood transfusion, should ask to see that the container of blood to be transfused has a seal from the Secretaría de Salud. The seal should have a check mark on it.

16. **You can get HIV from sharing needles. TRUE**

HIV is present in an infected person's blood. The infected blood is passed from one person to another when they share needles or syringes. HIV can be transmitted whenever equipment is

sexuales con una persona que esté ya infectada. Las relaciones sexuales anales, vaginales y orales pueden transmitir el VIH.

15. **Se puede contraer el VIH al donar sangre. FALSO**

No hay forma de contaminarse con el VIH **donando** sangre. Cuando la persona da sangre en los Estados Unidos, la sangre se saca con una aguja esterilizada. La aguja se tira después de ser usada.

Durante los primeros años de la epidemia del SIDA, algunas personas contrajeron el VIH al **recibir** sangre infectada en una transfusión de sangre. Desde 1985 las reservas de sangre de los Estados Unidos se han examinado. La posibilidad de recibir sangre infectada durante una transfusión ha sido eliminada. Sin embargo, en México, toda persona que necesite una transfusión de sangre, debe verificar que el envase de sangre que va a usarse en la transfusión tenga un sello de la Secretaría de Salud. El sello debe tener una marca de verificación.

16. **Se puede infectarse el VIH al compartir agujas para inyectarse drogas. CIERTO**

El VIH está en la sangre de una persona infectada. La sangre infectada se pasa de una persona a otra cuando se comparte una aguja o jeringa. El VIH puede transmitirse cuando se comparten

shared for injecting illegal or legal drugs. Needles and syringes used for injecting heroin, cocaine, speed, steroids, insulin, vitamins, and antibiotics can all transmit HIV. The same thing can happen when needles are used for tattooing and ear or body piercing. It does not matter what the needle is used for. What does matter is sharing the needle.

If you are injecting drugs, it is very important that you buy new sterile syringes that can be thrown away after each use. You cannot get HIV from needles if you always use a new disposable sterile syringe that has never been used by anyone else.

If you do share, clean your needles and syringes with liquid household bleach every time you use them. Clean them before **and** after use. First wash out the needle and syringe by filling them several times with clean water. Then, using full-strength bleach, completely fill the needle and syringe at least three times. Leave the bleach in the syringe for at least 30 seconds each time. Then rinse the syringe with water by drawing up water to the top and then squirting it out. Do this several times, always using fresh water.

agujas y jeringas para inyectarse tanto drogas legales como las ilegales. Las agujas y jeringas que se usan para inyectarse heroína, cocaína, anfetaminas, esteroides, insulina, vitaminas y antibióticos también pueden transmitir el VIH. Lo mismo puede pasar cuando las agujas se usan para tatuar o perforar las orejas o el cuerpo. No importa para que se use la aguja, lo importante es no compartir agujas.

Si se está inyectando drogas, es muy importante que compre jeringas estériles que pueda botar después de usarlas.
No puede infectarse con el VIH si usa siempre jeringas nuevas estériles que nadie haya usado antes.

Si comparte la aguja o la jeringa, asegúrese de limpiarla con blanqueador (bleach) cada vez que la use. Límpiela siempre antes **y** después de cada uso.
El primer paso es lavar la aguja y la jeringa con agua limpia varias veces. Después llene la aguja y la jeringa completamente con blanquedor puro. Hago esto tres veces. El blanquedor se debe de quedar en la jeringa 30 segundos cada vez. Después enjuague la jeringa llenándola completamente con agua limpia. Repita esto varias veces siempre con agua limpia.

In Mexico you can buy antibiotics without a doctor's prescription. It is common to inject antibiotics and vitamins at home. Some families continue to do this after they come to the United States. If family members share the same needle to inject vitamins or antibiotics, HIV can be spread from one person to another if one person is infected. Remember: If anyone in the family has engaged in any risk behavior, he or she may be infected and not know it.

17. **Vaseline destroys latex condoms. TRUE**

Never use an oil-based lubricant with a condom. Petroleum jelly (e.g. Vaseline), baby oil, mineral oil, or any type of grease weaken condoms within minutes. This makes them break. If you use a lubricant, you should always use one that is water-based, such as K-Y Jelly.

18. **Teenagers feel that if their friends are having sex, they should have sex too.**

Points a teacher can add to the student discussion include the effects of peer pressure, the importance of assertive behavior by standing up for one's beliefs,

En México se pueden comprar antibióticos sin receta médica. Es común que las personas se inyecten antibióticos y vitaminas en la casa. Algunas familias siguen haciendo esto después de venir a los Estados Unidos. Si los miembros de una familia usan la misma jeringa para inyectarse vitaminas o antibióticos, se pueden transmitir el VIH de uno a otro si hay una persona infectada. Recuerde que si una persona se ha comportado en cierta forma que lo ponga en riesgo, puede estar infectada y no saberlo.

17. **La vaselina destruye los condones. CIERTO**

Nunca use un lubricante a base de aceite con los condones. La gelatina de petróleo (por ejemplo la vaselina), el aceite de bebé, el aceite mineral, o cualquier tipo de grasa debilitan los condones en minutos. Esto hace que se rompan. Si usa un lubricante, use uno que sea a base de agua como el K-Y Jelly.

18. **Muchos jóvenes creen que si sus amigos están teniendo relaciones sexuales, ellos también deben hacerlo.**

Los puntos que puede examinar la maestra incluyen los efectos de presión social, la importancia de ser firmes en cuanto a la conducta en la que ellos creen, los riesgos de tener relaciones *and the risks involved in early sex. You could also discuss sex roles, the different types of pressure on boys vs. girls, and girls' feelings about being assertive.*

19. **The best way for teenagers to prevent HIV infection is not to have sex.**

Remarks a teacher could add to the student discussion:

- *"Abstinence" means not having sexual intercourse. Abstinence is the only way to be sure you will never get HIV through sex.*
- *The only safe sexual intercourse—vaginal, anal, or oral—is that between two* ***uninfected*** *people who have sex only with each other and who do not share needles with anyone.*
- *A person who has been sexually active in the past can decide to choose abstinence now.*

20. **It is not manly to use condoms.**

Remarks a teacher could add to the student discussion:

- *Taking unnecessary risks that could result in death is not a test of manhood. It*

sexuales demasiado pronto. También podría examinar los diferentes papeles sexuales, los diferentes tipos de presión que sufren los muchachos y las muchachas, y las opiniones de las niñas acerca de ser firmes.

19. **La forma más segura para que los jóvenes se protejan contra el VIH es no tener relaciones sexuales.**

Puntos que la maestra podría añadir a la discusión de los estudiantes:

- *La "abstinencia" quiere decir no participar en coito. La abstinencia es la única manera de estar seguros de no ser infectados con el VIH por contacto sexual.*
- *La única relación sexual segura—anal, vaginal, u oral—es aquella entre dos personas que* ***no*** *estén infectadas que sólo tienen relaciones sexuales entre sí y que no comparten agujas o jeringas con nadie.*
- *Una persona que haya sido activa sexualmente en el pasado puede decidir abstenerse ahora.*

20. **Los hombres machos no usan condones.**

La maestra puede hablar sobre lo siguiente:

- *Ponerse en situaciones en que se arriesga la vida no es prueba de ser macho. Es*

is irresponsible behavior.	*comportamiento irresponsable.*
• *All men should be concerned enough about themselves and their partners to use protection against HIV.*	• *Todos los hombres deben preocuparse lo suficiente por sí mismos y por sus compañeras (os) como para usar protección contra el VIH.*
• *Using condoms is one way to take care of your family.*	• *Usar condones es una forma de cuidar a su familia.*

Conclude the activity by doing the following:

- **Answer any unanswered questions the students have.**
- **Remind the students that they may anonymously ask questions by using the question box. Repeat that no question is silly, stupid, or inappropriate.**
- **Provide students with national, state, and local AIDS hotline numbers to call if they want questions answered or would like to receive more information:**

CDC National AIDS Hotline-English (24 hours a day)	**1-800-342-AIDS**
CDC National AIDS Hotline-Spanish (8 AM-2 PM EST)	**1-800-344-SIDA**
CDC National AIDS Hotline-Hearing Impaired (M-F 10 AM-10 PM EST)	**1-800-AIDS-TTY**
American Red Cross AIDS Teen Hotline (Friday-Saturday 6 PM-12 AM EST)	**1-800-440-TEEN**
State AIDS Hotline	____________
Local AIDS Hotline	____________

- **Discuss HIV counseling and testing. (Note: Refer to the testing section in the teacher materials. It is important to read this section before conducting the lesson.)**
- **Provide each student with "Facts to Remember About HIV and AIDS" (Handout 2).**
- **Explain that they will be using what they have learned here about HIV and AIDS in the activities in Lessons II-V.**

FACTS TO REMEMBER ABOUT HIV AND AIDS

AIDS (Acquired Immunodeficiency Syndrome) is a disease caused by a virus. The virus that causes AIDS is called **HIV (Human Immunodeficiency Virus)**. HIV slowly destroys a person's immune system. It can take many years for a person with HIV to develop AIDS which is the final stage of HIV disease.

Everyone can prevent HIV and AIDS. It's your choice!

You can keep from getting HIV by:

- Avoiding oral, anal, and vaginal intercourse (this is called abstinence) until you are ready for a long-term, mutually faithful relationship with an uninfected person who does not inject drugs;
- Always using a latex condom during oral, anal, and vaginal sex;
- Never sharing needles or syringes for injecting drugs, steriods, vitamins, antibiotics, ear or other body piercing, or tattooing.

Anyone can get HIV and AIDS!
You can be:

- Young or Old
- Male or Female
- Gay or Straight
- African American, White, Asian, Latino — or any race

You *cannot* get HIV from:

- Being around someone with AIDS
- Hugging
- Touching
- Kissing
- Sneezing or Coughing
- Giving (donating) Blood

You can't tell if someone has HIV just by looking at them!

You *can* get HIV:

- Through oral, anal, and/or vaginal sex without a condom
- By sharing contaminated needles or syringes

Or, an infant can get it from an infected mother

You can find out...
if you are infected with HIV by taking a blood test. But, remember—this is a big decision. Be sure to talk to a counselor before you take the test.

If you do use needles, get new sterile needles from a drug store or a needle exchange program. If that is not available, always clean your needle and syringe with full strength bleech before and after every use.

1. Fill up the needle & syringe with clean water several times.
2. Completely fill the needle & syringe with **full strength** liquid household bleech for at least 30 seconds. Repeat this three times.
3. Rinse again several times with **clean** water.

For more information, call:

National AIDS Hotline (in English)	1-800-342-AIDS
National AIDS Hotline (in Spanish)	1-800-344-SIDA
National AIDS Hotline (for hearing impaired)	1-800-AIDS-TTY
State AIDS Hotline	________
Local AIDS Hotline	________

DATOS ACERCA DEL VIH Y DEL SIDA QUE DEBEN RECORDARSE

El SIDA (El Síndrome de Inmuno Deficiencia Adquirida) es una enfermedad causada por un virus. El virus que causa el SIDA se llama **VIH (Virus de Inmuno-deficiencia Humano)**. El VIH destruye el sistema inmunológico de la persona lentamente. Pueden pasar muchos años antes de que una persona con el VIH manifieste los síntomas del SIDA, que es la fase final de la infección con el VIH.

Todas las personas pueden evitar el VIH y el SIDA. Es su decisión.

¡No se infecte con VIH!

- Evite tener toda clase de relaciones sexuales sean éstas orales, vaginales o anales. Esto se llama la abstinencia. Practique la abstinencia hasta que estén listos para tener una relación o matrimonio en la que ambas personas sean fieles (esto se llama la monogamía). Es importante que en esta relación cada persona no esté infectada y que no se compartan agujas ni implementos de inyectarse drogas;
- Siempre use un condón de látex cuando tenga toda clase de relaciones sexuales sean éstas vaginales, anales y orales;
- Nunca comparta agujas o jeringas para inyectarse drogas, esteroides, vitaminas, o antibióticos; ni para perforarse las orejas, ni otras partes del cuerpo, ni para hacerse tatuajes.

Se puede contraer el VIH:

- a través de las relaciones sexuales anales, vaginales y orales sin condón,
- usando agujas o implementos para inyectarse drogas que estén contaminados, o
- un bebé recién nacido puede recibir la infección si la madre está infectada.

No se puede contraer el VIH de:

- Estar cerca de alguien que tiene SIDA
- abrazarse
- tocarse
- besarse
- estornudar o toser
- donar sangre

¡Cualquier persona puede infectarse con el VIH y el SIDA! Las personas infectadas son:

- jóvenes y viejas
- hombres y mujeres
- homosexuales y heterosexuales
- Afroamericanos, blancos, asiáticos, latinos y de cualquier otro grupo.

¡No se puede saber si una persona tiene el VIH con sólo mirarla!

Puede saber si tiene los anticuerpos contra el VIH haciéndose un examen de sangre. Asegúrese de hablar con un consejero antes de mandarse a hacer el examen.

Si usa agujas consiga agujas nuevas estériles de una farmacia o de un programa de intercambio de agujas. Si no es posible, siempre limpie las agujas y las jeringas con blanqueador (cloro) puro antes y después de cada uso.

1. Llene la aguja y jeringa con agua lipia varias veces.
2. Llene completamente la agua y jeringa con cloro **puro** 3 veces por lo menos 30 segundos cada vez.
3. Después enjuáguelas varias veces con agua limpia.

Para obtener más información llame a:

CDC National AIDS Hotline—Inglés (24 horas al día)	1-800-342-AIDS
CDC Línea de urgencia sobre el SIDA—Español(24 horas al día)	1-800-344-SIDA
CDC National AIDS Hotline - (Personas Con Dificultad Para Oir) (M-F 10 AM - 10 PM EST)	1-800-AIDS-TTY
American Red Cross AIDS Teen Hotline (Friday - Saturday 6 PM - 12 AM EST)	1-800-440-TEEN
Línea de urgencia del SIDA del estado	______________
Línea local de urgencia sobre el SIDA	______________

OPTIONAL ACTIVITIES

The basic information provided so far in this lesson can be reinforced by having the students complete the following two optional activities.

WORD MAPPING GAME (20 minutes)

As an opening exercise, this game could set the tone for the remainder of the lesson. It is a good lead-in, or follow-up to, the "Everybody Is Talking About AIDS" activity. In this exercise, students brainstorm words or phrases that come to mind when they think of the word, "AIDS." They should feel free to write down whatever words come to mind without being judged. (You may choose to use the handout as a transparency for modeling the activity.) The resulting discussion can help students to distinguish between fact and fiction about AIDS and to base their behavior on medical facts rather than on emotions.

Distribute one copy of "An AIDS Word Map" (Handout 3) to each student.

Suggested teacher narration:

This is a brainstorming game called word mapping. You will have to think quickly. The purpose is to think of as many words as you can when you think of the word, "AIDS."

When you think of a word, write it down on any of the spaces on your worksheet. You may write on the horizontal, vertical, or diagonal lines. Think of as many words as you can. You do not need to fill up all of the spaces. If you run out of room, write on both sides of the lines or on the back.

Let me give you a few examples. When I see the word AIDS, the first word that I think of is

Este es un juego de asociación de palabras. Tienen que concentrarse y pensar rápidamente. El objetivo es pensar en tantas palabras como sea posible cuando piensen en la palabra "SIDA."

Escriban cada palabra que se les ocurra en el espacio en su hoja de trabajo. Pueden escribirlas en las líneas horizontales, verticales, o diagonales. Piensen en todas las palabras que puedan. No es necesario que llenen todos los espacios. Si se les acaba el espacio, pueden escribir en los dos lados de la línea o en el otro lado de la hoja.

Voy a darles ejemplos. Cuando yo veo la palabra SIDA, la primera palabra que se me ocurre es "death," because persons with AIDS eventually die. *(If you are using the handout as a transparency, write down the word "death" on any line of the word map.)* Another word that comes to my mind about AIDS is "fear," because I am afraid of this disease. *(Write the word "fear" on the transparency.)*

Can any of you suggest a word that comes to mind when you think of the word AIDS? *(Write down one or more student suggestions.)*

Instead of single words, some of you may think of short phrases, such as "deadly disease." That is fine, too. Try to keep your entries on the word map to single words or very short phrases.

You will have five minutes in which to write down as many words or phrases as you can think of related to the word AIDS. Remember, there are no right or wrong answers—whatever words you think of are fine. It is not necessary to fill in every line, but try to fill in as many as possible.

Begin. *(Give the students five minutes to work on their maps.)*

"muerte" porque las personas con el SIDA con el tiempo mueren. *(Si está usando la hoja de trabajo como transparencia, escriba la palabra "muerte" en cualquier línea de la hoja).* Otra palabra que se me ocurre es " miedo" porque le tengo miedo a esta enfermedad. *(Escriba la palabra "miedo" en la transparencia).*

¿Puede alguien decirnos qué palabra se le ocurre cuando piensa en la palabra "SIDA"? *(Escriba una o más sugerencias de los estudiantes).*

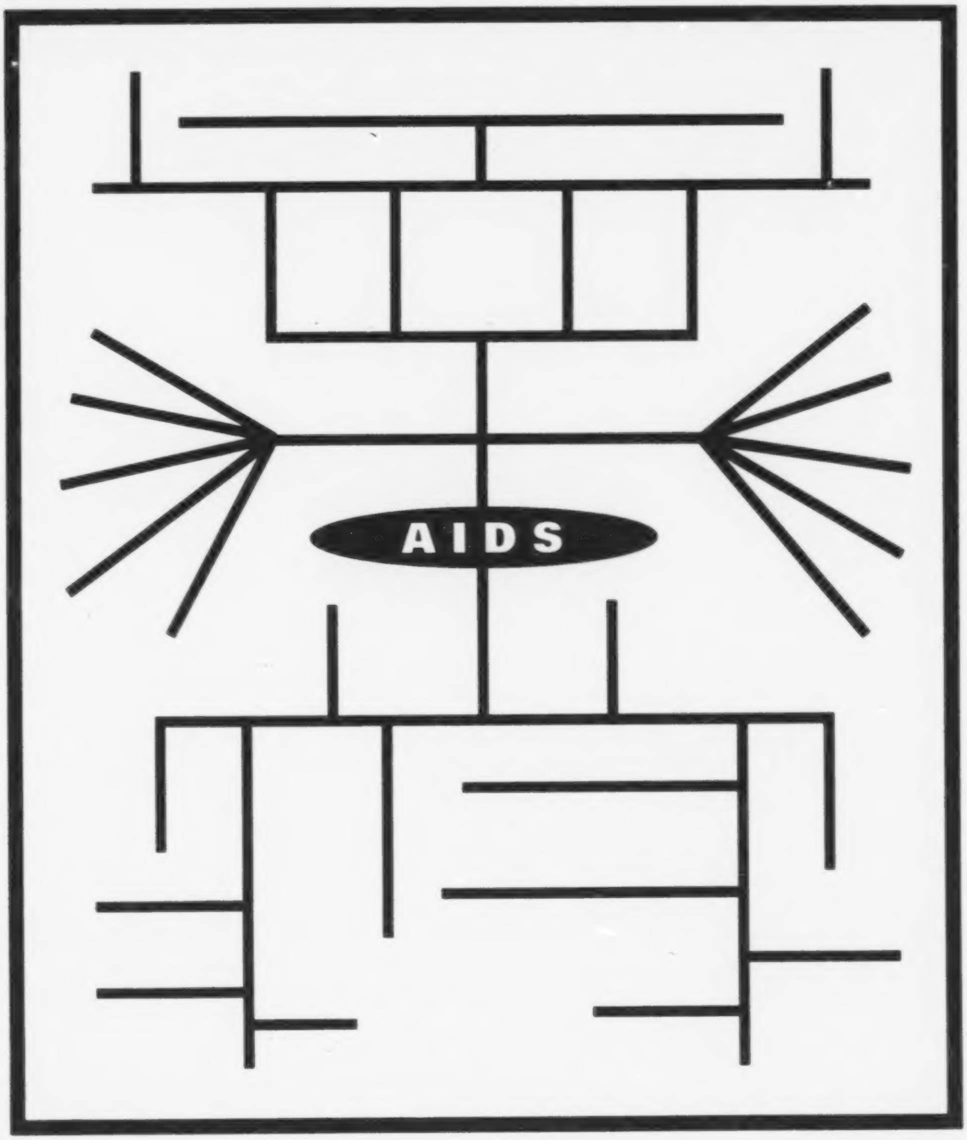
En vez de palabras, algunos de ustedes podrían pensar en frases cortas como "enfermedad mortal." Está bien. Traten de escribir solamente palabras o frases muy cortas.

Van a tener cinco minutos para escribir todas las palabras o frases que se les ocurran que se relacionen con la palabra "SIDA". Recuerden que no hay respuestas correctas o incorrectas; todas las palabras que les vengan a la mente son aceptables. No es necesario llenar todas las líneas, pero traten de llenar las que más puedan.

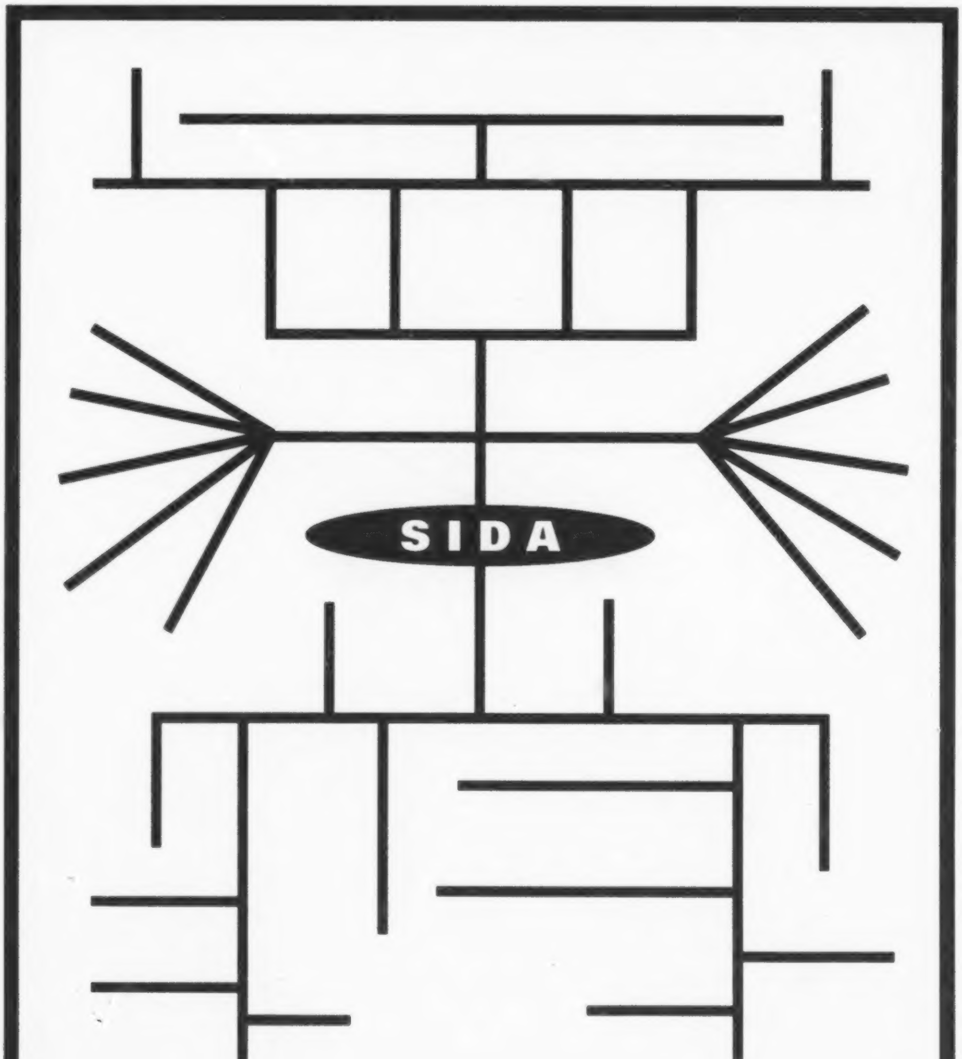
Comiencen. *(Deje pasar cinco minutos para que los estudiantes llenen la hoja).*

After the five minute period is over, initiate a class discussion by asking volunteers to share some of their words or phrases. Have the class determine whether words and phrases are based on facts or misperceptions. Use this discussion to reinforce what they have learned so far about HIV and AIDS.

AN AIDS WORD MAP



UN MAPA DE PALABRAS SOBRE EL SIDA



FROM THE DISK OF ALBERTO (25 minutes)

This activity is based on an analogy between a computer virus and HIV. Similar to many exercises in this curriculum, it reinforces higher level thinking skills. Your students might or might not be experienced with computers or familiar with the term "computer virus." Many of your students, however, have been exposed to computer-assisted instruction offered through Chapter 1 Regular or Chapter 1 Migrant Programs. This is especially true if they have come from the large homebase states of Texas, California, or Florida. Many may also have taken computer literacy classes.

Survey your students to determine the extent to which they are familiar with computers. If most of your migrant students have had little or no computer background, do not immediately assume that they would not benefit from this activity. Granted, they may need additional preparation, such as vocabulary development and discussion, but research clearly indicates that teacher expectation has a direct bearing on the degree to which students achieve. Even if few of your students are computer literate, they may be quite capable of grasping the concepts of this activity, given appropriate preparation to meet their unique needs.

The cartoon describes how Alberto unknowingly destroys all his computer's games and data by using a computer game that is "infected" with a computer virus. The contaminated game was given to him by someone in his computer class. Unfortunately, Alberto shares his game with several of his friends. Eventually, Alberto realizes that the tainted computer game is responsible for all of his lost computer data because it has been infected with the computer virus. The same consequences befall all but one of his friends with whom he has shared the computer game. Only Patricia abstained from using the computer game, while his other friends became unsuspecting victims of the computer virus and learned firsthand the consequences of a lack of "protection."

Ultimately, the students should be made aware of the analogy between this cartoon and their vulnerability to AIDS. The cartoon's moral is that "protection is the best defense; knowledge is the best protection."

Suggested teacher narration:

This activity involves a cartoon about computers. I would like to find out how much experience you have had with computers.

- How many of you have used computers?
- How many of you have ever played computer games?
- What are some words you have heard used with computers? *(software, diskette, data, files, losing/saving files, etc.)*
- How many of you have ever heard the term "computer virus"? Does anyone know what a computer virus is? *(A computer program that destroys computer data.)*

En esta actividad, vamos a hablar sobre una caricatura de computadoras. Quisiera saber cuanta experiencia tienen con computadoras.

- ¿Cuántos de ustedes han usado alguna vez una computadora?
- ¿Cuántos de ustedes han jugado alguna vez un juego de computadora?
- ¿Cuáles son algunas de las palabras que se usan cuando trabajamos con computadoras? *(Software o programas, disquete, datos, archivos, perder/guardar archivos, etc.)*
- ¿Cuántos han oído el término "virus de computadora"? ¿Quién sabe lo qué es un "virus de computadora"? *(Un programa de computadora que destruye datos dentro de la computadora.)*

If no one volunteers any suggestions, you can say the following:

You might have heard news stories about computer viruses. A computer virus is a computer program that, when it gets into a computer, destroys data.

This activity includes reading a cartoon about a student who got a free computer game from someone in his computer literacy class.

Quizás recuerdan un artículo que recientemente apareció en la prensa nacional acerca de los "virus de computadora". Un virus de computadora es un programa de computadora que entra en una computadora y destruye datos.

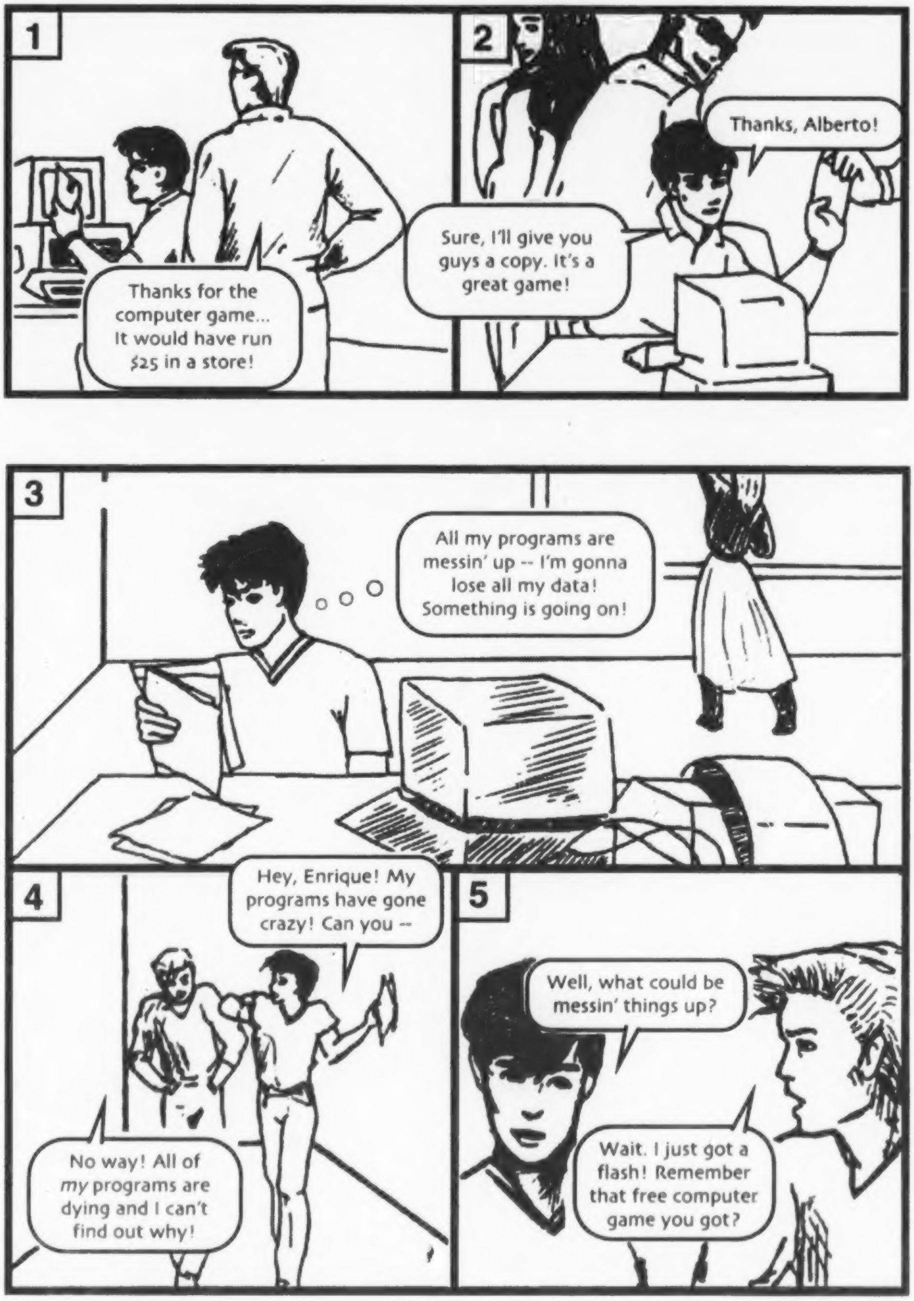
Durante esta actividad vamos a leer una caricatura sobre un estudiante a quien alguien le dió un programa de computadora gratis en su clase de computadora.

Give each student a copy of the cartoon, "From the Disk of Alberto" (Handout 4). Allow students time to read the cartoon. Orally review the questions using "From the Disk of Alberto Questions" (Transparency 1). Explain to the students that the questions on the transparency go with the cartoon they just read. Refer to the answer key on the following page.

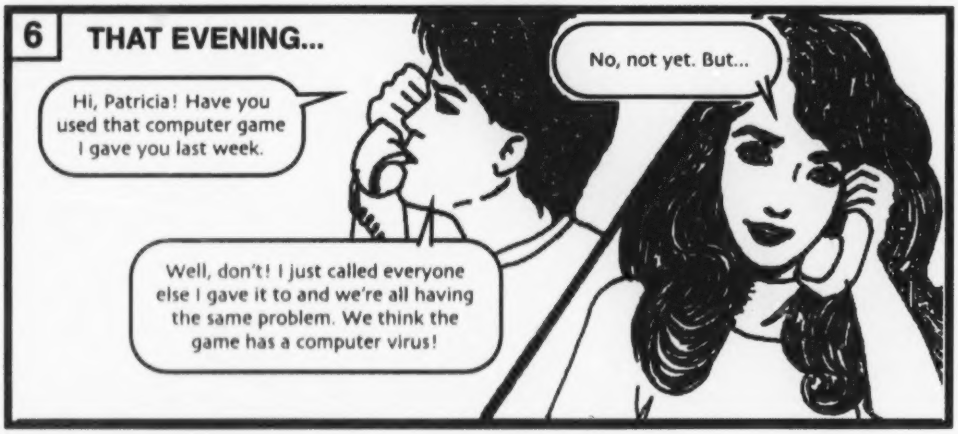
In concluding the activity, ask the students the following question:

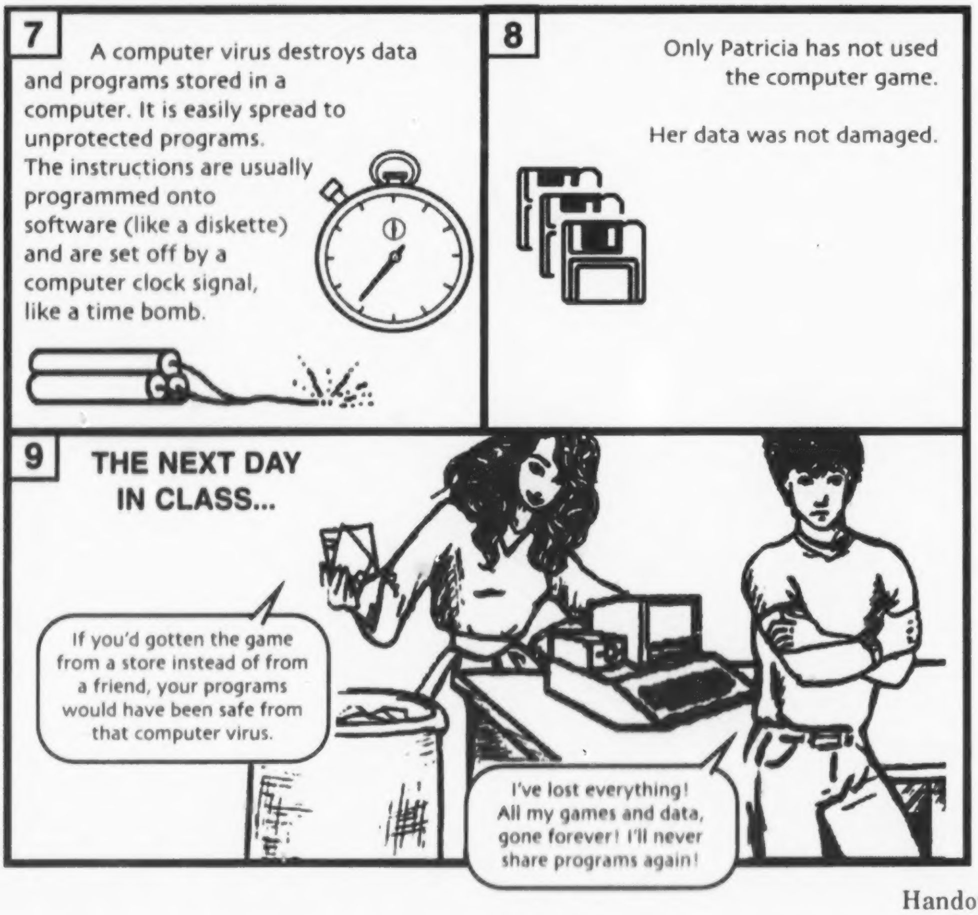
How is the computer virus in this exercise like HIV?	¿En qué se parecen el "virus de computadora" de este ejercicio y el VIH?
It was not obvious that the computer game was infected with a computer virus. Similarly, a person might not know that he or she has been infected with HIV. People with HIV might have no symptoms and might look and feel completely well. People may know that they are taking a risk by using someone else's diskettes because the diskettes could be infected with a computer virus. They use them anyway, however, because they think the chances are slim that their diskettes will be contaminated. Although nearly everyone has heard about HIV and AIDS, many people continue to engage in unsafe behaviors because they think they will never be infected with HIV. Similar to the computer virus, one does not find out the bad news until it is too late.	No era obvio que el juego de computadora estaba infectado con el virus. De la misma forma, una persona podría no saber que está infectada con el VIH. Las personas infectadas con el VIH podrían no tener síntomas y verse y sentirse completamente bien. Se sabe que se toma un riesgo al usar los disquetes de otra persona porque el disquete podría tener un virus de computadora. La gente los usa porque creen que hay pocas posibilidades de que los disquetes estén contaminados. Aunque casi todo el mundo ha oído hablar sobre el VIH y el SIDA, muchas personas todavía tienen comportamientos inseguros porque creen que no van a infectarse con el VIH. Al igual que con el virus de la computadora, las malas noticias no se saben hasta cuando ya es demasiado tarde.

FROM THE DISK OF ALBERTO

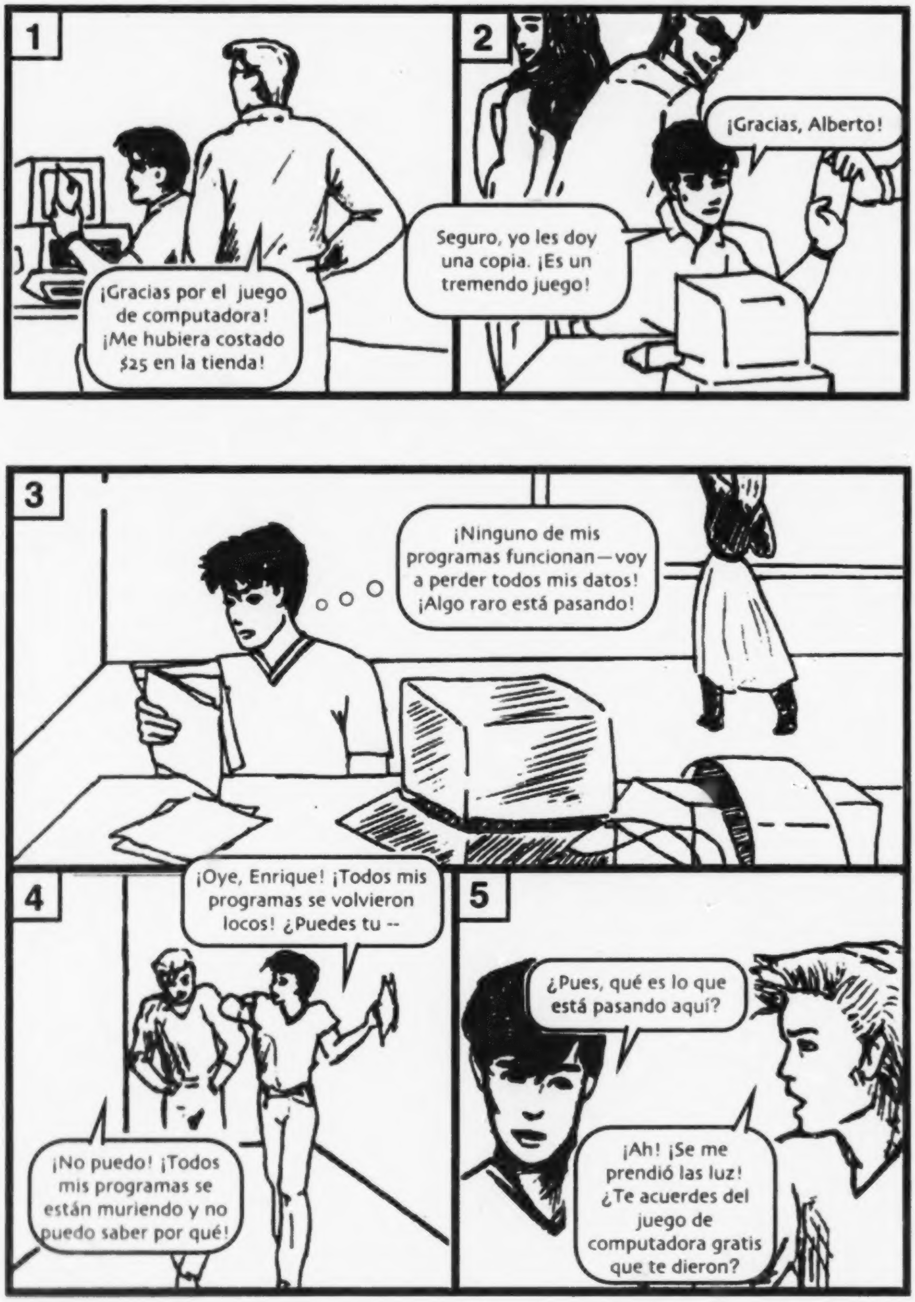

1
Thanks for the computer game... It would have run $25 in a store!
2
Sure, I'll give you guys a copy. It's a great game!
Thanks, Alberto!
3
All my programs are messin' up -- I'm gonna lose all my data! Something is going on!
4
Hey, Enrique! My programs have gone crazy! Can you --
No way! All of *my* programs are dying and I can't find out why!
5
Well, what could be messin' things up?
Wait. I just got a flash! Remember that free computer game you got?

FROM THE DISK OF ALBERTO

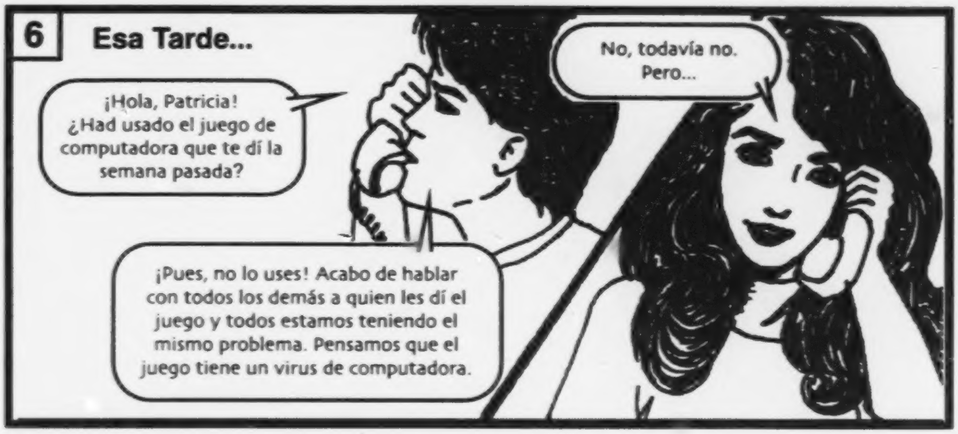

6
THAT EVENING...
Hi, Patricia! Have you used that computer game I gave you last week.
No, not yet. But...
Well, don't! I just called everyone else I gave it to and we're all having the same problem. We think the game has a computer virus!

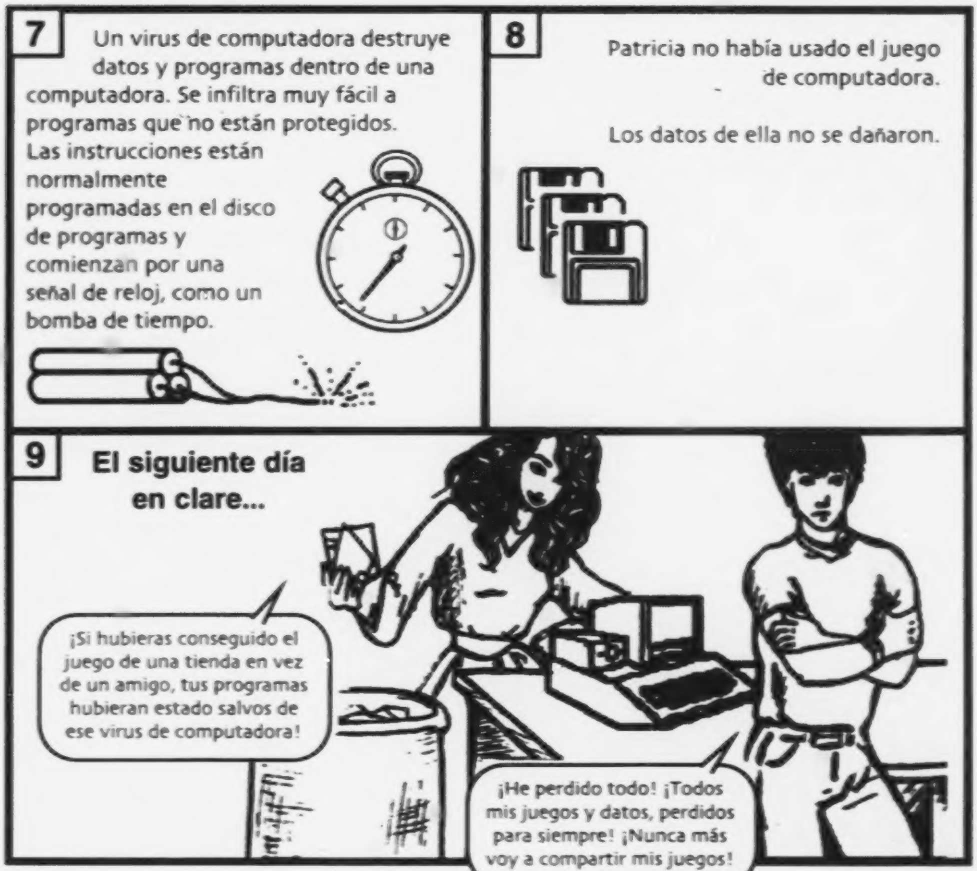

7
A computer virus destroys data and programs stored in a computer. It is easily spread to unprotected programs. The instructions are usually programmed onto software (like a diskette) and are set off by a computer clock signal, like a time bomb.
8
Only Patricia has not used the computer game.
Her data was not damaged.
9
THE NEXT DAY IN CLASS...
If you'd gotten the game from a store instead of from a friend, your programs would have been safe from that computer virus.
I've lost everything! All my games and data, gone forever! I'll never share programs again!

DESDE EL DISCO DE ALBERTO


1
¡Gracias por el juego de computadora! ¡Me hubiera costado $25 en la tienda!
2
Seguro, yo les doy una copia. ¡Es un tremendo juego!
¡Gracias, Alberto!
3
¡Ninguno de mis programas funcionan—voy a perder todos mis datos! ¡Algo raro está pasando!
4
¡Oye, Enrique! ¡Todos mis programas se volvieron locos! ¿Puedes tu --
¡No puedo! ¡Todos mis programas se están muriendo y no puedo saber por qué!
5
¿Pues, qué es lo que está pasando aquí?
¡Ah! ¡Se me prendió las luz! ¿Te acuerdes del juego de computadora gratis que te dieron?

DESDE EL DISCO DE ALBERTO


6
Esa Tarde...
¡Hola, Patricia! ¿Had usado el juego de computadora que te dí la semana pasada?
No, todavía no. Pero...
¡Pues, no lo uses! Acabo de hablar con todos los demás a quien les dí el juego y todos estamos teniendo el mismo problema. Pensamos que el juego tiene un virus de computadora.


7
Un virus de computadora destruye datos y programas dentro de una computadora. Se infiltra muy fácil a programas que no están protegidos. Las instrucciones están normalmente programadas en el disco de programas y comienzan por una señal de reloj, como un bomba de tiempo.
8
Patricia no había usado el juego de computadora.
Los datos de ella no se dañaron.
9
El siguiente día en clare...
¡Si hubieras conseguido el juego de una tienda en vez de un amigo, tus programas hubieran estado salvos de ese virus de computadora!
¡He perdido todo! ¡Todos mis juegos y datos, perdidos para siempre! ¡Nunca más voy a compartir mis juegos!

FROM THE DISK OF ALBERTO
QUESTIONS

1. **Why was Alberto excited about getting the computer game from his classmate?**

2. **What does Alberto agree to do for his friends?**

3. **Why is Alberto concerned?**

4. **Why can't Enrique help Alberto?**

5. **What does Enrique think might be causing the problem?**

6. **What does Alberto tell Patricia when he calls her that evening?**

7. **What does a computer virus do? How does it work?**

8. **Why were Patricia's data not affected?**

9. **What lesson did Alberto learn?**

DESDE EL DISCO DE ALBERTO
PREGUNTAS

1. **¿Por qué estaba Alberto tan entusiasmado por obtener el juego de computadora de su amigo?**

2. **¿Qué decide Alberto hacer por sus amigos?**

3. **¿Por qué está Alberto preocupado?**

4. **¿Por qué no puede Enrique ayudar a Alberto?**

5. **¿Qué piensa Enrique con respecto a lo que está causando el problema?**

6. **¿Qué le dice Alberto a Patricia cuando la llama esa tarde?**

7. **¿Qué hace un virus de computadora? ¿Cómo funciona?**

8. **¿Por qué no fueron afectados los datos de la computadora de Patricia?**

9. **¿Qué lección aprendió Alberto?**

FROM THE DISK OF ALBERTO ANSWER KEY

1. **Why was Alberto excited about getting the computer game from his classmate?** It was free. He would have had to pay $25 to buy it in a store.	1. **¿Por qué estaba Alberto tan entusiasmado por obtener el juego de computadora de su amigo?** Era gratis. Habría tenido que pagar 25 dólares en una tienda.
2. **What does Alberto agree to do for his friends?** He agrees to share his new computer game with them.	2. **¿Qué decide Alberto hacer por sus amigos?** El decide compartir su nuevo juego de computadora con ellos.
3. **Why is Alberto concerned?** He cannot figure out why his programs are messing up.	3. **¿Por qué está Alberto preocupado?** No entiende porque sus programas no están funcionando bien.
4. **Why can't Enrique help Alberto?** He is having the same problem. Something is wrong with his programs, too.	4. **¿Por qué no puede Enrique ayudar a Alberto?** Porque él también tiene el mismo problema: ninguno de sus programas funciona bien.
5. **What does Enrique think might be causing the problem?** He suspects that the free computer game that Alberto received from his classmate may be the cause of the problem.	5. **¿Qué piensa Enrique con respecto a lo que está causando el problema?** Cree que el juego de computadora gratis que le dieron a Alberto puede ser la causa del problema.

6. **What does Alberto tell Patricia when he calls her that evening?** He tells her not to use the game because it might have a computer virus.	6. **¿Qué le dice Alberto a Patricia cuando la llama esa tarde?** Le dice que no use el juego porque podría tener un virus de computadora.
7. **What does a computer virus do? How does it work?** A computer virus is a computer program that destroys data inside a computer. The instructions are programmed into software. The destruction is set to go off at a certain time, like a time bomb.	7. **¿Qué hace un virus de computadora? ¿Cómo funciona?** Un virus de computadora es un programa que destruye datos dentro de la computadora. Las instrucciones están programadas en el programa (software). La destrucción está programada para cierto tiempo, como una bomba de tiempo.
8. **Why were Patricia's data not affected?** Patricia did not lose data because she did not use the computer game—she "abstained" from using it.	8. **¿Por qué no fueron afectados los datos de la computadora de Patricia?** Patricia no perdió datos porque no usó el juego de computadora. Ella se "abstuvo" de usarlo.
9. **What lesson did Alberto learn?** He learned that he should be more careful about improperly sharing and using computer programs. He saved $25, but it was not worth it. If he had bought the game in a store, it would have had protection against a virus.	9. **¿Qué lección aprendió Alberto?** El aprendió que debe tener más precaución al compartir y usar programas de computadora. Aunque pudo ahorrar $25, la dificultad que le causó el juego fue peor que si hubiera comprado el juego en una tienda donde hubiera tenido protección contra un virus.

NOTE TO TEACHER: Be sure to reinforce the analogy between HIV and a computer virus.

LESSON II

RISK ASSESSMENT

STUDENT OBJECTIVES

- Review the facts about HIV and AIDS.
- Define risk taking.
- Determine the relative risk of behaviors in relation to HIV infection.
- Identify behaviors that pose the greatest risk for HIV infection.
- Use facts about HIV and AIDS to make decisions.

RATIONALE

Adolescents often make impulsive decisions without analyzing the possible consequences of their behavior. They often deny the implications of high-risk behaviors. They tend to believe, "It could never happen to me." Understanding that some behaviors are more risky than others in terms of acquiring HIV infection gives students a relative base for making decisions. Students need to practice their skills in analyzing risks, examining their own behaviors, and applying their knowledge to realistic situations with relation to HIV and AIDS.

OVERVIEW

Lesson II includes three core activities and two optional activities. You are encouraged to use the optional activities to reinforce the facts taught in Lesson I.

In the first core activity, students focus on the concept of risk. Risk is presented as an important and natural part of living. Students rate different everyday behaviors as being of high, little, or no risk. The second activity allows students to apply their knowledge of HIV transmission to determine the relative risk of certain behaviors, including drug and sexual activities. The third activity, related to the second, allows students to examine privately their own behaviors in terms of risk for HIV infection.

Students are given a chance to apply their knowledge of HIV in the two optional activities. In the first, students cartoon facts about HIV and AIDS. In the second, students decide the fate of a popular teacher who has been diagnosed with AIDS. They must assume the role of a school administrator, a concerned citizen, or a parent in taking a stand on whether teacher José should be allowed to return to teaching. Reinforcing their knowledge of HIV and allowing them to apply that knowledge is important preparation for Lesson III on decision making.

Remember to provide answers to any anonymous questions that have been placed in the question box.

MATERIALS

Handouts and supplies should be available for all students. The necessary supplies and preparation are summarized in the following table:

	Activity	**Supplies**
Core Activities	Taking Risks is a Part of Living	Handout 5 (pages 87-88): "Taking Risks is a Part of Living" (1 per student) Transparency made from Handout 5 (Optional)
	Is it Risky?	Handout 6 (pages 95-96): "Continuum of Risk Behaviors" (1 per student); three 5" x 7" white index cards; one package each of white, blue, and pink 3" x 5" index cards; masking tape
	Am I At Risk?	None
Optional Activities	Cartooning the Facts (homework assignment or class activity)	Handouts 7A-7E (pages 111-120): "Cartooning the Facts" (1 of each per student); markers, crayons, magazines, scissors, ribbon strips, construction paper, glitter, yarn, etc.

	Activity	Supplies
	Popular Teacher José	Handout 8 (pages 127-128): "Popular Teacher José" (1 per student)

CORE ACTIVITIES

TAKING RISKS IS A PART OF LIVING (10 minutes)

Distribute a copy of "Taking Risks Is a Part of Living" (Handout 5) to each student. (You can use the related handout as a transparency to lead discussion.)

Suggested teacher narration:

Actions people take that could cause harm are called "risks." Risks are a normal part of everyday living.

People take risks every day. What are some of these risks? *(Examples might include riding in a car, crossing a busy intersection, getting married, and smoking cigarettes.)*

Las acciones de las personas que podrían causarles algún daño se llaman "riesgos. " Los riesgos son una parte natural de la vida diaria.

Las personas toman riesgos todos los días. ¿Cuáles son algunos de estos riesgos? *(Algunos ejemplos podrían ser montar en automóvil, cruzar una calle con muchos carros, casarse, fumar cigarrillos.)*

Write (or have the students write) the responses on the chalkboard. Students will probably suggest taking drugs as a risky behavior. Ask students to write the examples down on their worksheets (Handout 5).

As a class, let's come up with a definition for "risk." Any suggestions? *(One definition is "a chance of suffering or encountering harm or loss or danger.")*

Todos juntos, vamos a desarrollar una definición para "riesgo." ¿Hay alguna sugerencia? *(Una definición de riesgo es "la probabilidad de sufrir o enfrentarse a peligro, pérdida o daño.")*

After brainstorming, have the students agree on a definition for risk. Ask them to write the definition on the worksheet.

Some risks also have benefits. For example, you could get hurt playing ball. But you also could get exercise and have fun with others. Some risks are more likely to harm than to help us.

Algunos riesgos también producen beneficios. Por ejemplo, uno puede lastimarse al jugar fútbol. Pero también se hace ejercicio y se pasa un buen rato con otras personas. Otros riesgos tienen más probabilidades de causar daños que beneficios.

Now, working in pairs, rank the risks listed on the chalkboard using a scale of one to five. One is good or beneficial. Five is bad or harmful. For example, injecting illegal drugs might be a five. It is an action that involves great risk to our health. Getting married might be a 1, or a very beneficial risk—especially if the marriage works out!

Ahora, trabajando en pares, clasifiquen estos riesgos usando una escala de uno a cinco. El uno es bueno o beneficioso. El cinco es malo o perjudicial. Por ejemplo, inyectarse drogas ilegales podría ser un cinco. Es una acción ilegal que representa un gran riesgo para la salud. Casarse podría ser un uno, es decir un riesgo muy beneficioso—especialmente si el matrimonio es bueno.

Have each pair of students share their rankings.

Sometimes people do not agree on how harmful or helpful a risk is.

Algunas veces no estamos de acuerdo sobre que tan dañinos o tan beneficiosos son los riesgos.

TAKING RISKS IS A PART OF LIVING

A. **Define "risk":**

B. **List of everyday risks:**

ACTION	RISK VALUE				
	Beneficial				Harmful
a.	1	2	3	4	5
b.	1	2	3	4	5
c.	1	2	3	4	5
d.	1	2	3	4	5
e.	1	2	3	4	5
f.	1	2	3	4	5
g.	1	2	3	4	5

TOMAR RIESGOS ES PARTE DE LA VIDA

A. **Defina "riesgo":**

B. **Lista de riesgos normales:**

ACCIÓN	EVALUACIÓN DEL RIESGO				
	Beneficioso				Dañino
a.	1	2	3	4	5
b.	1	2	3	4	5
c.	1	2	3	4	5
d.	1	2	3	4	5
e.	1	2	3	4	5
f.	1	2	3	4	5
g.	1	2	3	4	5

IS IT RISKY?* (30 minutes)

This activity allows students to apply their knowledge about HIV transmission and determine the risk level of various behaviors. Students place behaviors on a continuum of risk, from safest to least safe, and discuss why some behaviors are more risky than others.

PREPARATION:

- **Draw a traffic light on each of three 5" x 7" white index cards. Make one light red, another green, and the third yellow.**
- **Tape the traffic lights along the wall to create a continuum of risk from green to yellow to red.**
- **Select behaviors from the list of risk behaviors on page 103. Select at least as many risks as there are students in the class.**
- **Prepare index cards for students' use. Write each risk on a separate card. If the behavior is associated with sexual activity, write it on a white index card. If it is associated with the use of needles, write it on a blue card. If it is associated with another mode of transmission, write it on a pink card.**
- **Prepare rolled pieces of tape to stick on the back of the cards to stick them on the wall—this will save considerable time.**

NOTE: The teacher might work with students to generate a list of behaviors. Be sure the most significant ones are included.

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* This activity is adapted from P. Britton and J. Collins, *Training Educators in HIV Prevention: An Inservice Manual* by ETR Associates, Santa Cruz, CA, 1990.

Suggested teacher narration:

Lesson I covered some information about HIV and AIDS. We discussed how HIV can be spread to others and how to prevent HIV from spreading. In this lesson, we are going to be looking at the way we act: our behavior. Some behaviors do not put us at risk of HIV infection. Some do. Some behaviors are more risky than others. Identifying behaviors that put people at risk for HIV is a first step in learning how to prevent AIDS.

En la Lección número I aprendimos algo sobre el VIH y el SIDA. Aprendimos como el VIH se le puede dar a otros y como evitar que se propague el VIH. En esta lección vamos a examinar como nos portamos; nuestro comportamiento. Algunas acciones no nos ponen en riesgo de infectarnos del HIV. Otras sí. Algunas de nuestras acciones tienen más riesgo que otras. Identificar los comportamientos que ponen a las personas en situaciones de riesgo de infectarse con el VIH es el primer paso para aprender a evitar el SIDA.

Explain to the students:

The traffic lights on the wall represent a range of risk along a risk continuum. The lights stand for the degree of risk—from no risk at all to very risky. The red light is very risky. The green light is no risk. The yellow light falls somewhere in between no risk and very risky.

Las luces que ven en la pared representan una clasificación de riesgos dentro de las posibilidades de riesgo. Las luces representan grados de riesgo, de ningún riesgo a bastante riesgo. La luz roja representa mucho riesgo, la luz verde representa que no hay riesgo. La luz amarilla representa riesgo intermedio (entre nada de riesgo y mucho riesgo).

Organize students into groups of five to seven persons each.

Pass out the index cards with behaviors written on them—at least one card per student.

These colored index cards have different behaviors written on them. White cards have behaviors that are connected with sexual activity. This is one way in which HIV is transmitted or passed from one person to another. Blue cards are connected with needles, a second way in which HIV is transmitted. Pink cards have other behaviors that might be risks for transmitting HIV.

I will assign you to a group. As a group, you should decide how risky the behaviors are on the cards that your group members have. In other words, which behaviors have no risk, high-risk, or some risk? Then the group decides under which light each card should go.

For example, pretend that one group member has a white card that says "Holding Hands." As a group, you decide how much risk for HIV infection there is if two people hold hands. The group decides that there is no risk at all. Holding hands is an example of casual contact through which HIV cannot be transmitted. Therefore, the group decides to place the "Holding Hands" behavior card under the green light because it has no risk of transmitting HIV.

Estas tarjetas de colores tienen diferentes comportamientos escritos. Las tarjetas blancas tienen comportamientos asociados con una actividad sexual, que es una manera en que se transmite el VIH. Las tarjetas azules son asociadas con agujas, que es otra manera de transmitir el VIH. Las tarjetas color de rosa tienen otros comportamientos que son riesgos de transmitir este virus.

Voy a dividirlos en grupos. Cada grupo debe determinar el grado de riesgo de los comportamientos que están escritos en las tarjetas de las personas del grupo. En otras palabras, ¿qué comportamiento no tiene riesgo, o mucho riesgo, o un poco de riesgo? Después cada grupo decide debajo de cuál luz debe poner cada tarjeta.

Por ejemplo, imaginen que un miembro del grupo tiene una tarjeta que dice "cogerse de las manos" Como grupo, deben decidir ¿qué tanto riesgo hay de infectarse del VIH si dos personas se cogen de las manos? El grupo decide que no existe ningún riesgo. Agarrarse de las manos es un ejemplo de contacto casual a través del cual no se puede transmitir el VIH. Por consiguiente, el grupo decide poner la tarjeta de "cogerse de las manos" debajo de la luz verde porque no existe ningún riesgo de transmitir el VIH.

Remember that some behaviors are riskier than others. After you have agreed in your group on the degree of risk of each behavior, tape each of the cards along the wall on the risk continuum.	Recuerden que hay unos comportamientos que tienen más riesgo que otros. Después de ponerse de acuerdo en su grupo con respecto al grado de riesgo de cada comportamiento, coloquen cada una de las tarjetas en la pared en la escala de riesgo.
Afterward, if you have time, write additional risk behaviors on these blank index cards and place them along the continuum also. *(Provide the students with blank index cards.)*	Después, si tienen tiempo, escriban otros riesgos en estas tarjetas en blanco y colóquenlas dentro de la escala. *(Deles tarjetas en blanco a los estudiantes.)*

When all cards have been placed along the wall, review with the class each behavior and its place along the continuum. Heated discussion might emerge about where to place a behavior along the risk continuum. If students, as they evaluate behaviors, ask you whether the sexual partner is infected with HIV, say that you do not know. End any discussion that becomes nonproductive.

Ask the students if any cards should be moved and do so, if appropriate. Be sure not to leave a card incorrectly placed along the continuum. If students ask for percentages that express the risk of given behaviors, indicate that such values are unknown. What we do know is that some behaviors put people at greater risk than others.

Distribute "Is it Risky?" (Handout 6) for future reference.

Conclude the activity by making the following summary points:

You cannot know for sure whether a person is infected with HIV. Most people who have HIV do not even know themselves that they are infected. So, even if you know your partner well, having sexual intercourse without a condom is a high-risk behavior.	No se puede saber con seguridad si una persona está infectada con el VIH. La mayoría de las personas que tienen el VIH ni siquiera saben ellas mismas que están infectadas. Así es que aunque conozcan bien a su compañero sexual, las relaciones sexuales sin condón es un comportamiento de riesgo alto.

It is easier to identify safe behaviors than to compare how risky one unsafe behavior is with another.

Remember that any behavior not placed under the green light puts a person at some risk of HIV infection.

Es más fácil identificar cuáles comportamientos son más seguros que comparar el grado de riesgo de un comportamiento peligroso con otro.

Recuerden que cualquier comportamiento que no fue puesto bajo la luz verde nos puede poner en riesgo de ser infectados con el VIH.

CONTINUUM OF RISK BEHAVIORS*

GREEN	YELLOW	RED
NO RISK	**SOME RISK**	**VERY RISK**
Massage	Cleaning a blood spill without gloves	Unprotected anal sex
Dry kissing	Breast-feeding	Unprotected vaginal sex
Abstinence	French kissing	Unprotected oral sex
Fantasizing	Using condoms properly	Sharing drug injection equipment (works)
Masturbation	Blood transfusion today	Sharing a needle that has been cleaned with water
Hugging		Sharing a needle to inject steroids
Donating blood		Ear piercing with a shared needle
Maintaining a mutually monogamous relationship with an uninfected partner who does not inject drugs		Intercourse using an oil-based lubricant and a condom
		Tattooing with a shared needle
		Using the same condom twice

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* Adapted from P. Britton and J. Collins, *Training Educators in HIV Protection: An Inservice Manual*, ETR Associates, Santa Cruz, CA, 1990.

ESCALA DE CONDUCTA ARRIESGADA[*]

VERDE	AMARILLO	ROJO
NINGUN RIESGO	ALGUN RIESGO	MUCHO RIESGO
Masaje	Limpiar sangre sin guantes	Sexo anal sin protección
Beso seco	Dar el pecho	Sexo vaginal sin protección
Abstinencia	Beso francés (de lengua)	Sexo oral sin protección
Fantasear	Uso apropiado de condones	Compartir agujas intravenosas
Masturbarse	Transfusiones de sangre hoy en día	Uso de aguja compartida que se ha limpiado con agua
Abrazar		Compartir agujas para inyectarse esteroides
Donar sangre		Compartir agujas de perforar orejas
Mantener una relación monógama con un compañero sin infección que no se inyecta drogas		Uso de condones con lubricantes a base de aceite
		Tatuarse con agujas compartidas
		Uso del condón más de una vez

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[*] Adapted from P. Britton and J. Collins, *Training Educators in HIV Protection: An Inservice Manual,* ETR Associates, Santa Cruz, CA, 1990.

IS IT RISKY?	¿REPRESENTA RIESGO?
Associated With Sexual Activity	**Asociado con la Actividad Sexual**
Massage	Masaje
French kissing	Beso francés (de lengua)
Unprotected vaginal sex	Relaciones sexuales vaginales sin protección
Dry-kissing	Beso seco
Abstinence	Abstinencia
Unprotected anal sex	Relaciones sexuales anales sin protección
Fantasizing	Fantasear
Using condoms properly	Uso correcto de condones
Masturbation	Masturbarse
Hugging	Abrazar
Using the same condom twice	Uso de condón más de una vez
Maintaining a mutually monogamous relationship with an uninfected partner who does not inject drugs	Mantener una relación mutuamente monógama con un compañero sin infección que no se inyecta drogas
Intercourse using oil-based lubricant and condom	Relaciones sexuales usando condones con lubricantes a base de aceite
Unprotected oral sex	Relaciones sexuales orales sin protección
Associated with Use of Needles	**Asociado con el Uso de Agujas**
Tattooing with a shared needle	Hacerse tatuajes con agujas compartidas
Sharing drug injection equipment	Compartir el equipo de inyectarse drogas
Sharing a needle to inject steroids	Compartir agujas al inyectarse esteroides
Ear piercing with a shared needle	Compartir agujas de perforar orejas
Sharing a needle that has been cleaned with water	Uso de una aguja compartida que se ha limpiado con agua
Associated with Other Modes of Transmission	**Asociado con Otras Maneras de Transmisión**
Blood transfusions today	Transfusiones de sangre en el presente
Donating blood	Donar sangre
Cleaning a blood spill without gloves	Limpiar sangre derramada sin guantes
Breast-feeding	Dar el pecho

IS IT RISKY?
ANSWER KEY

Massage

Massage is casual contact. Touching does not transmit HIV because the virus does not live outside the body or in the air. Massage does not put one person in contact with the blood, semen, or vaginal fluids of another person. Massage therefore, is casual contact. It offers no risk of HIV infection.

French kissing

HIV has been found in the saliva of only a few people infected with HIV. No one knows of anyone who has gotten HIV from French kissing. Experts agree, however, that there is a small risk.

Unprotected vaginal sex

Unprotected vaginal sex is a risky activity. Men have been infected by women and women have been infected by men through vaginal intercourse. Although vaginal contact between two women is less risky, HIV transmission appears possible. HIV transmission may be more likely when a woman is menstruating.

¿REPRESENTA RIESGO?
RESPUESTAS

Masaje

El masaje es contacto casual. El VIH no se transmite al tocar porque el virus no puede vivir fuera del cuerpo ni en el aire. El masaje no pone a una persona en contacto con la sangre, el semen, o el flujo vaginal de otra persona. Por consiguiente, el masaje es contacto casual. No representa riesgo de infección con el VIH.

Beso francés (de lengua)

El VIH se ha encontrado en la saliva de muy pocos pacientes infectados con el VIH. No se sabe de ningún caso de infección del VIH que fuera causado por el beso francés. Sin embargo, los expertos están de acuerdo en que existe un riesgo pequeño.

Relaciones sexuales vaginales sin protección

Las relaciones sexuales vaginales sin protección son una actividad con riesgo. Hay hombres que han sido infectados por las mujeres y mujeres infectadas por hombres a través del sexo vaginal. Aunque el contacto vaginal entre dos mujeres tiene menos riesgo, parece ser posible que la transmisión del VIH ocurra. La transmisión del VIH es más probable cuando la mujer está menstruando.

Dry kissing	**Beso seco**
Dry kissing does not put one person in contact with the blood, semen, or vaginal fluids of the other person. Therefore, it is casual contact. It offers no risk of HIV infection.	Un beso seco no pone a una persona en contacto con la sangre, el semen, o el flujo vaginal de otra persona. Por consiguiente, es contacto casual. No representa riesgo de infección con el VIH.
Abstinence	**Abstinencia**
Not having any form of sexual intercourse is called abstinence. If you are abstinent, you cannot get HIV through sex.	No participar en ninguna forma de actividad sexual se llama abstinencia. Si una persona se abstiene no corre ningún peligro de infectarse con el VIH a través de las relaciones sexuales.
Unprotected anal sex	**Relaciones sexuales anales sin protección**
This form of intercourse is very risky. During anal intercourse, tissues in the rectum often tear and bleed. HIV can be passed through these tears. Bleeding occurs easily because blood vessels are very close to the surface.	Esta forma de actividad sexual es muy arriesgada. Durante las relaciones sexuales anales, los tejidos del recto se rompen y sangran con frecuencia. El VIH puede transmitirse a través de estas heridas. Se sangra fácilmente porque los vasos capilares son muy superficiales.
The receptive partner (the person who receives another person's penis) is at particularly high risk. This is because the infected semen of the insertive partner (the person who puts his penis into another person's anus) is deposited into the receptive partner's rectum.	La persona, sea hombre o mujer, que se encuentra en major riesgo es la que recibe el pene en su ano. Esto sucede porque el hombre que inserta su pene en el ano de la persona mencionada, eyacula y deposita su semen infectado.

Fantasizing

Thinking about having sex is perfectly harmless. Fantasy is a mental, not a physical, act. It does not put one person in contact with the blood, semen, or vaginal fluids of another person. Fantasizing offers no risk of HIV infection.

Using condoms properly

Using latex condoms will greatly reduce the risk of HIV infection. To work right, condoms must be put on the man's penis before sexual intercourse begins. They must not break or slip off. They must be used from the very beginning of sex to the end, every time people have intercourse. They must not be reused.

There now is a female condom. This is a wide sheath of latex rubber that a woman inserts into her vagina. When the man puts his penis into her vagina the sheath forms a barrier between his penis and her vagina. As with male condoms, female condoms must be used from the beginning to end of sex and must not be reused.

Masturbation

Touching your genitals (sexual parts) with your own hands cannot infect you with HIV.

Fantasear

No hay peligro en imaginarse actos sexuales. La imaginación es un acto mental y no es un acto físico. No pone a la persona en contacto con la sangre, el semen, o el flujo vaginal de la otra persona. Fantasear no representa ningún riesgo de infectarse con el VIH.

Uso apropiado de condones

El riesgo de infectarse con el VIH se puede reducir mucho si se usan solamente condones de látex. Para ser efectivos, los condones deben ponerse en el pene del hombre antes de comenzar las relaciones sexuales. No deben romperse ni zafarse. Deben ser usados desde el comienzo hasta el fin de la actividad sexual, todas las veces que se tengan relaciones sexuales. No deben usarse más de una vez.

Ahora existe un condón femenino. Es una pieza ancha de látex que la mujer se inserta en la vagina. Cuando el hombre inserta el pene en la vagina, la pieza forma una barrera entre el pene y la vagina. Lo mismo que con los condones para hombres, los condones femeninos deben usarse desde el principio hasta el final de las relaciones sexuales y no deben usarse más de una vez.

Masturbarse

No se pueden infectar con el VIH si se tocan los órganos genitales (partes sexuales) con sus propias manos.

Hugging

Hugging does not put one person in contact with the blood, semen, or vaginal fluids of another person. It is casual contact. There is no risk of HIV infection.

Using the same condom twice

When you take a condom off and put it on again, infected semen inside the condom can drip onto the outside of the condom and contaminate it with HIV. HIV could, therefore, be passed if the condom were used again. A condom can also easily stretch or tear when it is taken off and then put back on the penis.

Maintaining a mutually monogamous relationship

A mutually monogamous relationship is when both partners have sex only with each other. This will prevent HIV infection if neither person is infected with HIV beforehand nor injects drugs.

Abrazar

Abrazarse no pone a una persona en contacto con la sangre, el semen, o el flujo vaginal de otra persona. Es contacto casual y no representa ningún riesgo de infección con el VIH.

Uso del condón más de una vez

Al quitarse un condón usado y ponérselo de nuevo, el semen infectado puede salirse y contaminar la parte de afuera del condón con el VIH. Por consiguiente, el VIH se puede transmitir si el condón se usa otra vez. Además, el condón se puede romper o estirar cuando se quita y se vuelve a poner sobre el pene.

Mantener una relación mutuamente monógama

Una relación mutuamente monógama es cuando las dos personas sólo tienen relaciones sexuales el uno con el otro. Esto evita la infección con el VIH si ninguna de las dos personas estaba infectada anteriormente y si ninguna se inyecta drogas.

Intercourse using an oil-based lubricant and a condom

Oil-based lubricants, such as mineral oil or petroleum jelly (e. g., Vaseline), weaken the latex rubber of condoms within minutes. This makes it very likely that a condom will break. Intercourse, in such a case, would be almost as risky as if no condom were used. Use only water-based lubricants, such as K-Y jelly.

Unprotected oral sex

Oral sex is risky because infected semen or vaginal fluids could enter the bloodstream through cuts in the mouth or bleeding gums.

Tattooing with a shared needle

There is no risk of HIV infection involved in tattooing as long as sterilized needles are used. If the needles are not sterilized, HIV or other infections, such as hepatitis B, are very likely to be passed.

Relaciones sexuales con condones con lubricantes a base de aceite

Los lubricantes a base de aceite, como el aceite mineral o la vaselina destruyen la goma elástica, el látex, de los condones en minutos. Esto hace que los condones se rompan más fácilmente. En este caso las relaciones sexuales son tan peligrosas como si no se usara el condón. Usen solamente los lubricantes a base de agua, como "K-Y jelly".

Relaciones sexuales orales sin protección

El sexo oral tiene riesgo porque o el semen o el flujo vaginal pueden contaminar la sangre por lesiones en la boca o en las encías.

Hacerse tatuajes con una aguja compartida

Siempre y cuando se usen agujas esterilizadas no hay riesgo de infección con el VIH al hacerse tatuajes. Si las agujas no están esterilizadas, infecciones tales como VIH y hepatitis B se pueden ser transmitidas.

Sharing drug injection equipment

This is a high-risk activity. After a needle is put into someone's body, tiny amounts of blood are often left in or on the needle or pulled up into the syringe. Sometimes you cannot see the blood. If people are infected with HIV, their infected blood can be injected into the bloodstreams of those who later use the same needle or syringe. It is a high-risk activity to share any needle or syringe. It does not matter whether it is used to inject illegal drugs, steroids, vitamins or antibiotics.

Sharing needles to inject steroids

HIV can be passed from one person to another by sharing a needle or syringe. It does not matter whether the drug being injected is legal or illegal. This is true for steroids, vitamins, insulin, and antibiotics.

Ear piercing with a shared needle

There is no risk of HIV infection involved in ear piercing as long as sterile needles are used. If the needles are not sterile, HIV could be transmitted.

Compartir las cosas de inyectarse drogas

Esta es una actividad de alto riesgo. Después de que la aguja se pone en el cuerpo de una persona, quedan cantidades muy pequeñas de sangre en la aguja o entran a la jeringa. A veces no se ve la sangre. Si la persona está infectada con el VIH, su sangre infectada se puede inyectar en la sangre de otras personas que despúes usen la misma jeringa o aguja. Compartir cualquier aguja o jeringa es una actividad de riesgo muy alto. No importa si se usa para inyectarse drogas ilegales, esteroides, vitaminas o antibióticos.

Compartir agujas para inyectarse esteroides

El VIH se puede transmitir a otra persona al compartir agujas o jeringas. No importa si la droga que se inyecte es legal o ilegal. No importa si la inyección es de esteroides, vitaminas, insulina o antibióticos.

Perforar orejas con agujas compartidas

No hay riesgo de infección con el VIH al compartir agujas para perforar orejas si se usan agujas esterilizadas. Si las agujas no están esterilizadas, se puede transmitir la infección del VIH.

Sharing a needle that has been cleaned with water

Needles and syringes must be cleaned with full strength bleach to kill HIV. Water is not enough.

Common household bleach kills HIV in a test tube. Thorough cleaning with bleach can reduce the chances that HIV will be transmitted by sharing a needle. Syringes and other shared drug equipment must also be cleaned with bleach. First, the needle and syringe should be washed out by filling them completely several times with clean water. Then the needle and syringe should be filled to the top with full strength (not diluted) bleach. To be effective, the bleach must be left in the syringe for at least 30 seconds. This should be repeated two times. Then the needle and syringe must be rinsed again several times with clean water. Never inject any drug without a doctor's prescription. People who are addicted to drugs should seek help to stop drug use.

Compartir una aguja que se ha limpiado con agua

Las agujas y jeringas deberán limpiarse con blanqueador, (cloro o "bleach") para destruir el VIH. El agua no es suficiente.

El blanqueador (cloro o bleach) común destruye el VIH en tubos de prueba. Se disminuyen las posibilidades de transmitir el VIH si se limpian las agujas cuidadosamente con blanqueador. Las jeringas u otro equipo de drogas que es compartido también deben limpiarse con blanqueador. Primero, la aguja y la jeringa deben lavarse llenándolas completamente varias veces con agua. Después se deben llenar la aguja y la jeringa con el blanqueador sin diluirlo. Para que sea efectivo, el blanqueador debe dejarse en la jeringa por lo menos durante 30 segundos. Esto debe repetirse dos veces. Otra vez debe enjuagarse la aguja y la jeringa con agua limpia varias veces. Nunca se inyecte ninguna droga sin receta médica. Las personas que son adictas a las drogas deben obtener ayuda para dejar de usar las drogas.

Blood transfusions today

Since 1985, blood in the United States has been tested for HIV. Blood that tests positive for HIV is thrown away. Today, becoming infected in the United States through a blood transfusion is extremely unlikely, but it is not impossible. In Mexico, however, anyone in need of a blood transfusion should ask to see that the container of blood to be transfused has a seal from the Secretaría de Salud. The seal will have a check mark on it.

Donating blood

In the United States only sterile equipment is used when a person gives blood. There is no chance of HIV infection.

Cleaning a blood spill without gloves

It is possible, although unlikely, to become infected with HIV in this way. Infected blood could enter the bloodstream of a person cleaning up a spill through cracks or cuts in the hands.

Breast-feeding

Babies have become infected with HIV through breast-feeding by an infected woman.

Transfusiones de sangre hoy en día

Desde 1985 a la sangre donada en los Estados Unidos se le hace la prueba del VIH. La sangre infectada con el VIH se bota. Actualmente, la probabilidad de ser infectado por transfusión de sangre en los Estados Unidos ha sido reducida enormemente, aunque no es imposible. En México, sin embargo, toda persona que necesite una transfusión de sangre debe pedir ver el envase de la sangre que va a recibir para verificar que tenga un sello de la Secretaría de Salud. El sello tendrá una marca de verificación.

Donar sangre

En los Estados Unidos solamente se usa equipo esterilizado cuando una persona da sangre. No hay ninguna posibilidad de infección con el VIH.

Limpiar sangre derramada sin guantes

Es posible, aunque improbable, infectarse con el VIH de esta forma. La sangre infectada podría entrar a la sangre de la persona que limpie la sangre derramada a través de cortadas o fisuras en las manos.

Dar el pecho

Hay bebés que han sido infectados con el VIH a través de la lactancia de una mujer infectada.

AM I AT RISK? (5 minutes)

This lesson deals with HIV counseling and testing. Find out in advance who in your school or community is trained to counsel adolescents about HIV testing. Some students who perceive their behavior as very risky could become depressed. Be sure to remind students that behaviors can change.

Suggested teacher narration:

We have been talking about risks that usually have positive results and risks that often cause harm. We have learned that it is important to make good decisions about the kinds of risks we take. To see whether you are putting yourself at risk of being infected with HIV, you need to look closely at your behaviors.

Hemos hablado acerca de los riesgos que generalmente tienen resultados beneficiosos y los riesgos que con frecuencia causan daño. Hemos aprendido que es necesario tomar buenas decisiones sobre qué riesgos tomamos. Para saber si se están poniendo en riesgo de contraer el VIH, deben examinar cuidadosamente su comportamiento.

Ask the students to consider privately whether any of the behaviors on the risk continuum apply to them:

Look on the wall at the risk continuum. There are many behaviors listed on that wall. Read each behavior silently to yourself. Make a mental note about those behaviors that relate to you. Note any red light (risky) or yellow light (some risk) behaviors that you have practiced.

Miren la escala de riesgos en la pared. Hay muchos comportamientos escritos en la pared. Quiero que lean cada comportamiento en silencio. Hagan una nota mental sobre cada comportamiento con relación a sí mismos. Noten cualquier comportamiento de luz roja (mucho peligro) o luz amarilla (poco peligro) que han practicado.

After the students have completed their private review, ask if they have any comments that they would like to share.

Be sure to emphasize the following during the summary discussion:

Safe Behaviors

Remember to keep maintaining safe behaviors. In other words, keep doing the good things you are doing to stay healthy.

Correcting Unsafe Behaviors

Even if you have practiced high-risk behaviors, you might not be infected with HIV. It is very important to change your behaviors immediately. Sometimes people cannot change behaviors by themselves. There are counselors who can help. If you do not change your unsafe behaviors, you are taking a serious chance of getting HIV infection and AIDS. If you are using drugs, seek help. Trained counselors from the school and from local mental health clinics can help you get into treatment.

Comportamientos seguros

Recuerden mantener comportamientos seguros. En otras palabras, sigan haciendo las cosas buenas que están haciendo para permanecer sanos.

Corregir comportamientos peligrosos

Aunque hayan estado envueltos en conducta de alto riesgo, puede que no estén infectados con el VIH. Es muy importante cambiar ese comportamiento inmediatamente. A veces es difícil cambiar solos. Hay consejeros que pueden ayudarlos. Si no cambian los comportamientos que no son seguros, están tomando un riesgo serio de contraer el VIH y el SIDA. Si usan drogas, pidan ayuda. Los consejeros profesionales de la escuela o de las clínicas de salud mental locales pueden ayudarles a obtener tratamiento.

Counseling About HIV Testing

If you are thinking about being tested for HIV, talk first to a counselor. You should talk with a counselor who is trained to talk to young people about HIV testing. This would be a person who is not only trained to counsel people about HIV testing, but who also has experience counseling adolescents.

A counselor can help you think through your reasons for getting tested. She or he can help you figure out in advance how you could get support and medical care if you were to test positive.

Here is the name of a counselor. You should contact this person if you are thinking about being tested for HIV infection. *(Write down the name, address, and telephone number of an HIV counselor in your school or community. Have the students copy down this information and tell them to keep it in a safe place.)* The National AIDS Hotline (1-800-342-AIDS) can give you the addresses of counseling and testing sites anywhere in the United States. *(Be sure migrant students get the national hotline number.)*

Consejería sobre la prueba del VIH

Si están pensando hacerse la prueba del VIH, hablen primero con un consejero. Deben hablar con un consejero que esté educado para hablar con personas jóvenes acerca de la prueba del VIH. Esta es una persona que no sólo esté educada para hablar sobre el VIH, sino que tiene experiencia aconsejando a los jóvenes.

Un consejero puede ayudarles a pensar sobre las razones para hacerse la prueba. Esta persona podría ayudarles a saber donde pueden obtener apoyo y atención médica en caso de que la prueba resultara positiva.

Este es el nombre de un consejero. Deben ponerse en contacto con esta persona si están pensando hacerse el examen del VIH. *(Escriba el nombre, dirección y número de teléfono del consejero del VIH de la escuela o de la comunidad. Haga que los estudiantes copien esta información y dígales que la guarden en un lugar seguro.)* La Línea Nacional de Ayuda sobre el SIDA (1-800-344-SIDA) puede darles las direcciones de los lugares donde hay consejería y donde se hacen los exámenes en cualquier parte de los Estados Unidos. *(Asegúrese de que los estudiantes migratorios tengan este número.)*

OPTIONAL ACTIVITIES

CARTOONING THE FACTS

This optional activity is designed to help students express their thoughts about HIV and AIDS in cartoons. The activity can be done as a homework activity or in class.

Suggested teacher narration:

This next activity is a homework assignment. You have learned many facts about HIV and AIDS. You will have to use this knowledge and your creativity in working on this project.	La siguiente actividad es una tarea. Han aprendido muchas cosas sobre el VIH y el SIDA. Van a tener que usar su conocimiento y su creatividad para trabajar en este proyecto.
This activity involves cartooning.	Esta actividad incluye hacer dibujos.

Distribute copies of each of the five handouts, *Cartooning the Fact* (Handouts 7A-7E) to each student.

Here are four different cartoon captions. Draw a cartoon to match the HIV fact in each caption. *(Read each of the four captions aloud from Handouts 7A-7D.)* If you prefer, you could develop your own caption instead *(on Handout 7E)*. It could be serious or funny. *(For example, students might enjoy a funny, exaggerated caption such as, "Hey man, I'm immune!" to illustrate that AIDS can affect anyone.)* Decide how many cartoons you wish to draw. You may do all four, only one, or any number in between.	Estas son cuatro frases para cada página. Dibujen algo que exprese un dato sobre el VIH para cada frase. *(Lea cada una de las cuatro frases, en voz alta, del Informe 7A-7D.)* O, si prefieren pueden escribir sus propias frases *(en el Informe 7E)*. Los dibujos pueden ser serios o cómicos como los dibujos animados de las tiras cómicas. *(Por ejemplo, los estudiantes pueden apreciar una frase exagerada y cómica como, "¡Oye, chico, yo soy inmune!" para ilustrar que el SIDA afecta a cualquiera.)* Decidan cuantos dibujos desean dibujar. Pueden dibujar los cuatro, sólo una, o los que quieran.

You may use your own materials at home or you may take some of these art materials with you to use in creating your cartoons.

Bring your completed cartoons to class on _________ *(state the date that the cartoon assignment should be completed),* and we will share them with one another. Afterward, we will display them for others to see.

Pueden usar su propio material en la casa o pueden llevarse estos materiales de arte para desarrollar sus dibujos.

Traigan sus dibujos a la clase el día ______ *(dígales la fecha en que deben terminar los dibujos)* y los compartiremos. Después vamos a exhibirlos para que todos los vean.

When the cartoons have been completed, have the students volunteer to share their cartoons with the class. Display the cartoons in a prominent area, such as on a bulletin board, in a hallway, in the library or in the office. You might also display them in a migrant camp, a store, or other community gathering place.

CARTOONING THE FACT

AIDS can affect anyone.

COMUNICANDO LA INFORMACION

El SIDA puede afectar a cualquiera.

CARTOONING THE FACT

You can become infected with HIV by sharing needles.

COMUNICANDO LA INFORMACION

Puede ser infectado con VIH si comparte agujas.

CARTOONING THE FACT

Casual contact (like shaking hands) does not spread HIV.

COMUNICANDO LA INFORMACION

El contacto casual (como saludarse de mano) no disemina el VIH.

CARTOONING THE FACT

At this time there is no cure for HIV infection.

COMUNICANDO LA INFORMACION

Todavía no hay cura para la infección del VIH.

CARTOONING THE FACT

COMUNICANDO LA INFORMACION

POPULAR TEACHER JOSÉ (25 MINUTES)

It is estimated that over one million people are infected with HIV in the United States. As the epidemic continues, more and more people will have friends, neighbors, and relatives who are infected. The Americans with Disabilities Act, which went into effect in 1992, protects anyone who has AIDS, or is infected with HIV, from being discriminated against in housing, employment, or education.

There has never been a case of HIV transmission in a school setting. The courts have repeatedly ruled in favor of allowing teachers with HIV to continue to teach. These court decisions are based on the medical knowledge that HIV is not transmitted through the kind of casual contact that occurs in school: coughing, sharing food, or using the same telephone or toilet seat.

You should learn about any district or state policies regarding persons with HIV infection and let your students know about them. The chances are high that you or they might work alongside someone with HIV in the coming years.

Suggested teacher narration:

Take just a moment to remember your favorite teacher, the one you liked more than any other since you have been in school. Think about the things you liked most about that teacher. Was your teacher funny? kind? fair? caring? What did that teacher do for you that made you feel good in his or her classroom? What did that teacher do that made him or her stand out above all the rest? Now that you have a good picture of that person in your mind, I want you to imagine that you have just been told that this person is infected with HIV. I am sure that you will have some strong feelings about that news. I want you to remember those feelings as you work on the next activity.

Quiero que cada uno de ustedes tome un momento para recordar a su maestra o maestro favorito, la que más les ha gustado desde que entraron a la escuela. Piensen en las cosas que más les gustaron de esa maestra. ¿Era cómica? ¿buena? ¿justa? ¿cariñosa? ¿Qué hizo esa maestra que los hizo sentirse bien en su clase? ¿Por qué sobresalió de los demás esa maestra o ese maestro? Ahora que ya tienen un buen retrato de esa persona en su mente, quiero que se imaginen que esta persona está infectada con el VIH. Estoy segura que van a sentir sentimientos muy fuertes sobre esta noticia. Quiero que recuerden esas emociones cuando trabajemos en nuestra actividad siguiente.

In this activity, pretend that the teacher, Teacher José, is really your favorite teacher.

Imagínense que el maestro en esta actividad, el Maestro José, es en realidad su maestro favorito.

Distribute a copy of Popular Teacher José (Handout 8) to each student in the class. Read aloud the situation and the questions. Discuss clearly each group's assignment.

Each of you will be in one of four groups. You will be in the student group, the parent group, the school administration group, or the concerned citizens group. The school administration group includes people such as the school superintendent, principal, assistant principals, and so forth.

Pretend that you are a typical member of your group. For example, if you are in the parent group, imagine that you are a parent of a child in Teacher José's school. As a parent, you would be worried about the safety of your child. You would talk about the pros and cons (advantages and disadvantages) of Teacher José returning to school. Some members of your group might not have the same feelings you do. Your group, however, must, in the end, agree on one position.

Cada uno de ustedes va a estar en uno de cuatro grupos. Van a estar en el grupo de estudiantes, el grupo de padres, el grupo de administradores de escuela, o en el grupo de ciudadanos. El grupo de administradores de escuela incluye personas como el superintendente, el director, los asistentes del director, etc.

Van a tener que hacer el papel de un miembro típico de su grupo. Por ejemplo, si están en el grupo de padres, imagínense que son los padres de un niño que está en la escuela del maestro José. Como padres, van a estar preocupados por la seguridad de su hijo. Van a hablar de las ventajas y desventajas de que el maestro José vuelva a la escuela. Algunos miembros de su grupo podrían tener opiniones diferentes. Sin embargo, el grupo tiene que ponerse de acuerdo sobre una posición.

Once your group has agreed on a position, the teacher will choose one member to represent your group on a panel discussion. That person must defend the position that your group has taken. As a group, write down the reasons why your group made its decision about Teacher José. These notes will help your panelist remember the reasons for your group's decision.

There will be four people on the panel—one representative from each group. They will sit together at the front of the class. Each panelist must share the reasons for his or her group's decision about Teacher José. Each panelist will have two minutes to present.

Cuando se pongan de acuerdo, la maestra va a elegir a un miembro para que represente al grupo en una discusión con los demás. Esa persona debe defender la posición que tomó su grupo. Como grupo, deben escribir las razones por las cuales tomaron su decisión acerca del maestro. Estas notas le ayudarán a su representante a recordar las razones que apoyan la decisión del grupo.

Va a haber cuatro personas en el panel; es decir un representante de cada grupo. Van a sentarse juntos al frente de la clase. Cada uno debe de presentar las razones se su grupo para la decisión sobre el Maestro José. Cada representante tiene dos minutos para presentar sus ideas.

Divide the class into four equal groups, each of which will take the position of one of the following special interest groups:

- **parents**
- **school administration**
- **concerned citizens**
- **students**

Allow each group 10 minutes to reach its position.

Representatives from all four groups convene as a panel at a table in front of the class.

Would each of the panelists tell us your name and which group you represent? *(Panelists introduce themselves.)*

¿Puede decirnos cada representante su nombre y cuál de los cuatro grupos representa? *(Los representantes se presentan).*

Each panelist will have just two minutes to present his or her recommendations and the reasons for them. They are not to be interrupted. After they have all spoken, the group will discuss their recommendations. While you are listening, write down some concerns you have about their recommendations. Use these notes to help you in the discussion.	Cada representante tiene dos minutos para presentar sus recomendaciones y sus razones. No deben ser interrumpidos. Después de que hablen todos, vamos a tener una discusión de todo el grupo sobre sus recomendaciones. Mientras escuchan, pueden tomar notas sobre lo que les preocupe acerca de las recomendaciones. Usen las notas durante la discusión.
Let's begin with the school administrators group.	Bueno, vamos a comenzar con el grupo de administradores de la escuela.

Allow each panelist to present his or her group's position. Limit each presentation to two minutes.

Invite the rest of the class to agree or disagree with the position taken by each of the four groups. As moderator you should ensure that the discussion and ultimate decision making is based on medically supported facts and on the law—not on emotionalism or paranoia. (For example, HIV is not transmitted by being in the same room with others, handling chalk or papers, etc. These are no-risk activities. It is against United States law to discriminate in the workplace against an individual who has HIV or AIDS.)

After the class has completed its debate, the teacher can conclude the activity by asking the following questions:

Which groups based their position on facts about HIV and AIDS?	¿Cuáles grupos basaron su posición en datos sobre el VIH y el SIDA?
Did any group base its decision on misinformation? Why do you think they believed these rumors? What do you think they were really worried about?	¿Hubo grupos que basaron sus decisiones en información falsa? ¿Por qué piensan ustedes que ellos creyeron esos rumores? ¿Cuál creen ustedes que era su preocupación verdadera?
What was hardest about playing your role?	¿Cuál fue lo más difícil en la interpretación de su papel (rol)?

As you can see, this is a difficult situation for many people. Because AIDS is a fatal disease, people often become very emotional when they have to make decisions like this. Fear and a lack of information can all too easily hurt someone.

Como pueden ver en esta actividad, esta es una situación difícil para muchas personas. Debido a que el SIDA es una enfermedad mortal, las personas con frecuencia tienen emociones muy fuertes cuando tienen que tomar este tipo de decisiones. El miedo y la falta de información muy fácilmente pueden afectar negativamente a las personas.

POPULAR TEACHER JOSÉ

Situation:

José is a popular reading teacher. He has just returned to his classroom after a long illness. He found out that he has AIDS.

His students are very happy that he is back at school. José is very excited to be teaching again. Some people, however, are not happy about José teaching again. They fear that students might get HIV if they have any contact with him.

Maybe José should be quarantined (kept away from others). Then he could not infect anyone else with HIV. Some feel that, at the least, José should not be allowed to teach. What do you think?

Roles:

Your group is to take the side of one of the following groups:

- **parents** (of students at José's school);
- **students** (at José's school);
- **concerned citizens** (from the community);
- **school administrators** (such as the principal, assistant principal, superintendent, etc.).

Questions:

On what will you base your decision?

Do you have a responsibility to protect José's rights?

Do you have a duty to protect the rights of others?

How will your decision affect José? his students? the parents? the administrators?

EL POPULAR MAESTRO JOSÉ

Situación:

José es un maestro popular de lectura. Acaba de regresar a la escuela después de una larga enfermedad. El descubrió que tiene el SIDA.

Sus estudiantes están contentos de que haya regresado a la escuela. José está entusiasmado por enseñar otra vez. Sin embargo, algunas personas no están contentas de que José haya regresado. Creen que los estudiantes podrían infectarse con el VIH si tienen algún contacto con José.

Tal vez José debía ponerse en cuarentena (separado de otros). Así no podría infectar a nadie con el VIH. Otros piensan que, por lo menos, no se le debe permitir a José enseñar . ¿Qué piensa usted?

Papeles (roles):

Su grupo debe expresar la opinión de uno de los siguientes grupos:

- **padres** (de los estudiantes en la escuela de José)
- **estudiantes** (en la escuela de José)
- **ciudadanos interesados** (de la comunidad)
- **administradores de la escuela** (como el director, los asistentes del director, los superintendentes, etc.)

Preguntas:

¿En qué va a basar su decisión?

¿Qué responsabilidad tiene de proteger los derechos de José?

¿Qué deber tiene de proteger los derechos de los demás?

¿Cómo afectará su decisión a José? ¿a los estudiantes? ¿a los padres? ¿a los administradores?

LESSON III

ASSERTIVENESS

STUDENT OBJECTIVES

- Understand how HIV can be spread by an infected individual.
- Practice making decisions about HIV-related situations.
- Understand and practice assertive behaviors in potentially high risk situations.
- Practice effective verbal responses to avoid engaging in high risk behaviors.
- Know how to use condoms correctly and where to obtain them and to examine feelings and attitudes about condoms.

RATIONALE

Adolescents want peer acceptance and approval. Most have had little experience behaving assertively. For these and other reasons, teens are highly vulnerable when confronted with peer pressure to engage in high-risk behaviors. By learning and practicing assertive responses in risky situations, students can learn to resist pressures to do things which are not in their best interest. Familiarity with condoms gives students a risk-reduction method if, or when, they become sexually active.

OVERVIEW

Lesson III teaches students assertiveness skills. It includes two core activities. The first activity discusses assertive behaviors, distinguishing them from passive and aggressive behaviors. Four role plays give students practice applying assertive responses to difficult situations.

The second activity educates students about condoms, providing basic information about condoms as a risk-reduction method. Even middle school students need to know where to purchase and how to use a condom before they become sexually active. Research has shown that giving students information about condoms does not encourage early sexual activity.*

Five optional student activities are provided. "A Penny a Day" and "Just One Person with HIV" reinforce students' understanding of how HIV can spread. An optional homework activity encourages communication between students and their parents. "Condom Comfort" and "Condom Reports" increase students' comfort discussing and handling condoms.

Remember to answer any questions that have been placed in the Question Box.

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* Douglas Kirby, *Sexuality Education: An Evaluation of Programs and Their Effects: An Executive Summary*, Network Publications, Santa Cruz, CA, 1984.

MATERIALS

Handouts and supplies should be available for all students. The necessary supplies and preparation are summarized in the following table:

	Activity	Supplies
Core Activities	Practicing Assertive Behavior	Handout 9 (pages 137-138): “Behavior Analysis Chart” (1 per student); Handout 10 (pages 139-140): “Assert Yourself” (1 per student)
	Condom Basics	1 box of latex condoms for each group of 4-6 students
Optional Activities	A Penny A Day	Handout 11 (pages 151-152): “A Penny A Day” (1 per student)
	Just One Person With HIV	Handout 12: (pages 157-158): “Just One Person With HIV” (1 per student); Overhead projector and transparency of Handout 12 (optional)
	Parent Interview	
	Condom Steps	Thirteen pieces of cardboard (each 8 1/2” x 11”), felt-tip marker
	Condom Reports	Handout 13 (pages 167-68): “Condom Reports” (3 copies per each group of 4-5 students); Various types of condoms in their packaging (3 different types per group of students); 3” x 5” index cards (1 per student)

CORE ACTIVITIES

PRACTICING ASSERTIVE BEHAVIOR (25 minutes)

In preparation for this activity, familiarize yourself with the differences between assertive, passive, and aggressive behaviors, as described in the "Behavior Analysis Chart" (Handout 9).

Be aware that different groups have different attitudes toward certain behaviors. Some cultures view passivity more negatively or positively than others. This chart identifies the negative aspects of passive and aggressive behaviors. It assumes the class is discussing relationships between peers as in dating relationships, rather than relationships toward parents or other authority figures.

Let your students' interest and grade level determine the degree of detail you present. For younger students, you might want to discuss the characteristics of each behavior type, giving a simple example to illustrate each one. A more complex presentation could include a discussion of feelings and of underlying belief systems. The handout could be reproduced and distributed to high school students, keeping in mind, however, that most younger students would gain more from your simplified explanation.

Suggested teacher narration:

> This lesson will help you learn ways to avoid situations that put you at risk of HIV infection. Sometimes people give in to peer pressure to do something they know they should not do. It can be hard to stand up for what you know is right. Learning to stand up for oneself takes courage. It also takes practice. Today we are going to do some activities that will give you practice making healthy decisions in risky situations.

> Esta lección va a ayudarles a aprender formas de evitar situaciones que los ponen en peligro de infectarse con VIH. A veces todos hacemos cosas que no debemos por la presión de los compañeros. Es difícil ser firmes en cuanto a lo que sabemos que es correcto. Aprender a ser firmes consigo mismos requiere valor. También requiere práctica. Hoy vamos a llevar a cabo algunas actividades que les van a dar práctica tomando decisiones sanas en situaciones arriesgadas.

You "assert" yourself when you stand up for what you believe. You are being "assertive" when you try to get your way without interfering with others' rights. Think of a situation in your life when someone was trying to get you to do something you did not want to do or did not think was right. Was it easy to stand your ground (that is, to be assertive)? *(Allow students to respond.)*

Were you successful in standing up for your beliefs and wishes? If you were not, how did you feel about yourself afterward? *(Students might respond: put down, angry, sad, depressed, disappointed in myself, etc.)*

If you did stand your ground, how did you feel? *(Students might respond: terrific, great, relieved, proud, more confident, capable, etc.)*

If someone tries to make you do something against your will, is that person being assertive? *(No)* Why? *(They are not respecting your rights to your own beliefs.)* If you go along with what someone wants you to do even though it is against your will, are you being assertive? *(No.)* Why? *(Because you are letting that person make you do something you do not want to do.)*

Nos "hacemos valer" cuando respaldamos nuestras creencias. También lo hacemos cuando tratamos de conseguir nuestros objetivos sin interferir con los derechos de otros. Piensen en una situación en su vida cuando alguien trató de convencerlos de que hicieran algo que no querían hacer o que creían que era incorrecto. ¿Fue fácil mantener su posición (Hacerse valer)? *(Deje que respondan los estudiantes.)*

¿Pudieron hacer valer sus creencias y deseos? Si no pudieron hacerlo, ¿cómo se sintieron consigo mismos después? *(Los estudiantes pueden responder: tristes, enojados, deprimidos, desilusionados etc.)*

¿Si pudieron hacerse valer, cómo se sintieron? *(Los estudiantes podrían responder: orgullosos, confiados, contentos, satisfechos, bien, etc.)*

¿Si alguien está tratando de hacer que ustedes hagan algo contra su voluntad, está esa persona haciéndose valer? *(No)* ¿Si no, por qué no? *(No están respetando sus derechos a sus creencias.)* ¿Si ustedes hacen lo que alguien quiere aunque sea contra su voluntad, se hacen valer? *(No)* ¿Si no, por qué no? *(Porque están dejando que esa persona los obligue a hacer algo que no quieren hacer.)*

Being assertive means that you make choices for yourself. You do not allow others to choose for you (passive behavior), nor do you make choices for others (aggressive behavior).

When you act assertively, you feel confident and proud. You feel in control of your life. If you try only to please others, you feel weak and helpless. You might feel angry at yourself or at the other person. When you try to control someone else, you feel superior. But the other person often feels put down and resentful.

When you are assertive, other people value and respect you. When you are passive and let others control you, they might feel frustrated or even angry at you because you do not stand up for yourself. When you are aggressive toward others, they feel hurt, angry, and humiliated because you do not treat them with respect.

If you let others make decisions for you, they might think you are a "pushover" or weak. They might be confused because they do not really know what you value or feel is important. When you try to control others, they will probably be angry and distrustful toward you. But, if you are assertive, people know where you stand. They respect you for standing up for your beliefs.

Hacerse valer quiere decir que uno escoge por sí mismo. No deja que otros escojan por usted (comportamiento pasivo), ni tampoco escoge por los demás (comportamiento agresivo).

Cuando uno se hace valer, siente confianza y orgullo en sí mismo. Siente que tiene control de su vida. Si uno trata sólo de complacer a los demás, se siente débil y sin poder. Podría sentir ira contra la otra persona o consigo mismo. Cuando uno trata de controlar a otra persona, se siente superior. Pero la otra persona se siente humillada y resentida.

Cuando uno se hace valer, la gente lo aprecia y respeta. Cuando uno es pasivo y deja que otros lo controlen, ellos se pueden sentir frustrados o aún enojados con usted porque no se defiende. Cuando uno es agresivo contra otros, ellos se sienten lastimados, enojados, y humillados porque uno no los trata con respeto.

Si usted deja que otros tomen decisiones por usted, ellos pueden pensar que usted es débil. Se pueden confundir porque no saben lo que usted aprecia o cree que es importante. Cuando trata de controlar a otros, ellos probablemente se van a enojar y no le van a tener confianza. Pero, si se hace valer, la gente sabe la que es importante para usted. Lo respetan por defender sus creencias.

When you are assertive, you are in control of your behavior. You act respectfully toward other people even when you do not agree with what they do or say. Passive persons think that, no matter what, they should never make anyone else uncomfortable (except themselves). Aggressive people put down others by insulting or making fun of them. This is the way they try to feel important and protect themselves.

When you act aggressively, you get what you want at someone else's expense. Even though your rights are upheld, you violate the rights of others. Being passive, or giving in to someone else's control, allows others to achieve their goals while you do not. Your rights are violated. The assertive person negotiates for what he or she wants so that no one's rights are violated. Each person's rights are respected.

The activity we are about to do will give you a chance to practice being assertive. You are going to be role playing in small groups. Each group will act out a different situation.

Cuando uno se hace valer, uno está en control de su comportamiento. Ustedes tratan con respeto a otra gente aunque no estén de acuerdo con lo que hacen o dicen. Las personas pasivas piensan que, pase lo que pase, no deben incomodar a otra persona (excepto a sí mismos.). La gente agresiva humilla a los demás insultándolos o burlándose de ellos. Esta es la forma que usan para tratar de sentirse importantes y protegerse.

El resultado del comportamiento agresivo es obtener lo que uno quiere al costo de otra persona. Aunque nuestros derechos son respaldados, violamos los derechos de otros. Ser pasivo, o dejarse dominar por otra persona, les permite a otros alcanzar sus objetivos pero no a uno. Los derechos de esa persona son violados. La persona que se hace valer puede negociar para obtener lo que desea sin violar los derechos de los demás. Los derechos de cada persona deben ser respetados.

La siguiente actividad les dará una oportunidad para practicar cómo hacerse valer. Van a actuar en grupos pequeños. Cada grupo va a representar una situación diferente.

Divide the class into groups of four to six students each. Give each student a copy of *Assert Yourself!* (Handout 10). Ask each group to pick a situation they wish to enact. (Ideally, all situations would be represented, but this is not necessary because group interpretations will vary.) Each person in the group should be encouraged to play a role, even if it is a minor one (e. g., friend, family member, or other student). Give the groups ten minutes to prepare their role plays.

Each group acts out its chosen role play in front of the other groups.

NOTE: A different approach is to ask each group to enact its role play in each of the three modes (i.e., they would present passive, assertive, and aggressive versions of each situation). Although this approach takes much longer, it gives students an opportunity to practice each behavior type. Be sure, however, that you have adequately discussed passive and aggressive, as well as assertive behaviors.

BEHAVIOR ANALYSIS CHART*

	Passive	Assertive	Aggressive
Characteristics	Allow others to choose for you. Indirect, self-denying. Win/lose situation that you lose. If you do get your own way, it is indirect.	Choose for yourself. Honest. Direct, self-expressing, straightforward. Convert win/lose situation to win/win situation.	Choose for others. Tactless. Direct, self-enhancing. Self-expressive in a derogatory manner. Win/lose situation that you win.
Your Own Feelings in the Exchange	Anxious, ignored, helpless, manipulated. Angry at self or others.	Confident, self-respecting, goal-oriented, valued, accomplished.	Righteous, superior, controlling.
Others' Feelings in the Exchange	Guilty or superior. Frustrated with you.	Valued, respected.	Humiliated, defensive, resentful, hurt.
Others' Views of You in the Exchange.	Lack of respect; distrustful. May consider you a pushover. Do not know where you stand.	Respectful, trusting, know where you stand.	Vengeful, angry, distrustful, fearful.
Underlying Belief System	I should never make anyone uncomfortable or displeased—except myself.	I have a responsibility to protect my own rights and I respect others, but not necessarily their behavior.	I have to put others down in order to protect myself.
Outcome	Others achieve their goals at your expense. Your rights are violated.	Outcome determined by negotiation. Your rights and others' rights are respected.	You achieve your goal at others' expense. Your rights are upheld; rights of others are violated.

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* Adapted from the *Life Management Skills* (LMS) Curriculum developed by the Texas Migrant Interstate Program with Chapter 1 Migrant Program federal funds through the Texas Education Agency.

TABLA DE ANÁLISIS DE CONDUCTA*

	Pasivo	Asertivo	Agresivo
Características	Deja a otros que tomen sus decisiones. Es una situación indirecta, negativa. En una situación de ganar o perder, pierde. Si tiene éxito es de manera indirecta.	Toma sus propias decisiones. Honesto, directo, se expresa a sí mismo. Convierte una situación de ganar o perder a ganar o ganar.	Toma decisiones por otros. Sin tacto. Directo y engrandecido de sí mismo. Se expresa de manera peyorativa y negativa. En una situación de ganar o perder, gana.
Sus sentimientos en el intercambio	Ansioso, ignorado, indefenso, manipulado. Ira contra otros o consigo mismo.	Confiado, se respeta, orientado a metas , valorado por los demás, sobresaliente.	Justificado, superior, controlador.
Los sentimientos de los otros	Superiores o con culpa. Frustrados con usted.	Respetados y estimados.	Humillados, defensivos, con resentimiento, lastimados.
La opinión de los demás durante el intercambio	Sin respeto. Sin confianza. Lo pueden considerar débil. No saben lo que usted piensa.	Lo respetan, le tienen confianza, y saben lo que usted cree y lo que piensa.	Vengativos, con ira, sin confianza y con miedo.
El fundamento de sus creencias	No debo molestar o hacer enojar a nadie—solamente a mí mismo.	Yo tengo la responsabilidad de proteger mis derechos, y respeto a otros, pero no necesariamente su comportamiento.	Yo tengo que rebajar a otros para protegerme.
Resultados	Otros logran sus metas a su costo. Sus derechos son violados.	El resultado es determinado por la negociación. Sus derechos y los de otros son respetados.	Usted logra sus metas al costo de otros. Sus derechos se sostienen pero los de otros son violados.

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* Adaptado del *Life Management Skills* (LMS) Curriculum desarrollado por el Programa Migrante Interestatal con fondos federales del Capitulo 1 Migrante Manejado por Texas Education Agency.

ASSERT YOURSELF*

ROLE PLAY #1:

Chris has a friend named Lee, who is migrating next week. Chris has been put in a difficult situation. Lee wants them to have sex before moving upstream. Lee says this will show how much Chris cares. How could Chris handle this situation in an assertive way?

ROLE PLAY #2:

Juan's close friend, Ramiro, uses illegal drugs. One day at school, Ramiro asks Juan to keep some marijuana for him. How could Juan handle this situation in an assertive way?

ROLE PLAY #3:

Maribel is a very responsible student. Her friend, Debbie, goes with a wild crowd. They are known for stealing. Late one night, Debbie calls Maribel on the phone. Debbie says that she and some friends have just stolen some things from their teacher, Miss Sanchez. How could Maribel handle this situation in an assertive way?

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* Adapted from the *Life Management Skills* (LMS) Curriculum developed by the Texas Migrant Interstate Program with Chapter 1 Migrant Program federal funds through the Texas Education Agency.

SEA ASERTIVO*

PAPEL #1:

Chris tiene un amigo llamado Lee que va a emigrar la próxima semana. Chris está en una situación difícil. Lee quiere tener relaciones sexuales antes de irse. Lee dice que esto demostrará cuánto lo quiere Chris. ¿Cómo puede manejar Chris esta situación en una manera asertiva?

PAPEL #2:

Ramiro, que es un buen amigo de Juan, usa drogas. Un día en la escuela, Ramiro le pide a Juan que le cuide su marihuana. ¿Cómo puede manejar Juan esta situación en una manera asertiva?

PAPEL #3:

Maribel es una estudiante muy responsable. Su amiga, Debbie, anda con un grupo irresponsable. Se sabe que roban. Ya tarde una noche, Debbie llama a Maribel por teléfono. Debbie dice que ella y unos amigos acaban de robarle algo a la Señorita Sánchez, su maestra. ¿Cómo puede Maribel manejar esta situación en una manera asertiva?

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* Adaptado del *Life Management Skills* (LMS) Curriculum desarrollado por el Programa Migrante Interestatal con fondos federales del Capitulo 1 Migrante Manejado por Texas Education Agency.

CONDOM BASICS (20 minutes)*

This activity provides students with basic information about condoms. You will need at least one box of latex condoms for each group of students to examine during the discussion.

Suggested teacher narration:

This activity is about condoms. You might know them by another name, "rubbers." Condoms are one of the oldest forms of birth control. They have been used by millions of people for centuries. When used correctly, they can greatly reduce the chances of getting sexually transmitted diseases (STDs), including HIV. They also protect against unwanted pregnancy.

Both men and women have a responsibility to protect themselves and their partners from HIV infection by using latex condoms.

En esta actividad vamos a aprender sobre los condones. Es posible los conozcan como preservativos. Son una forma de anticonceptivo. Los condones son una de las formas más antiguas de control de la natalidad. Millones de personas los han usado por siglos. Si se usan correctamente, pueden reducir muchísimo la probabilidad de infección con enfermedades transmitidas sexualmente (ETS), incluyendo el VIH. También ofrecen protección contra el embarazo.

Tanto los hombres como las mujeres tienen la responsabilidad de protegerse el uno al otro contra la infección con VIH usando condones de látex.

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* This activity is excerpted and adapted from *Preventing AIDS: A Curriculum for Middle School and A Curriculum for Junior/Senior High School Students*, developed by Education Development Center, Inc. (EDC), Newton, MA, 1988, with support from the Division of Adolescent and School Health, Centers for Disease Control and Prevention.

Latex condoms should be used whenever one has sexual intercourse. Who should be responsible for this protection—the man or the woman? Both people should be responsible. Using a condom is manly or macho, because it shows that you care about protecting your health and your partner's health.

Condoms are an effective way of preventing HIV and other STDs, as well as pregnancy. But for condoms to protect, they must be used correctly. A condom must be used every time one has sexual intercourse. It must be used from the beginning to the end of sexual intercourse. This means it must be put on as soon as a man gets an erection and left on until he "comes," or ejaculates. At that point he must carefully withdraw his penis while holding onto the rim of the condom.

But even latex condoms cannot give 100% protection. The only ways to be completely safe are not to have sexual intercourse and not to inject drugs. Not having sexual intercourse is called abstinence. A person is also safe if she or he only has sexual intercourse in an established long-term relationship with an uninfected person who has sex only with her or him (**both** partners are monogamous) and who does not inject drugs.

Se debe usar condones de látex siempre que se tengan relaciones sexuales. ¿Quién debe ser responsable de esta protección—la mujer o el hombre? Los dos deben ser responsables. Usar condones demuestra que un hombre es macho porque le importa proteger su salud y la de su compañera(o).

Los condones son una forma eficaz de evitar el VIH y otras ETS, además del embarazo. Para que funcionen, deben usarse correctamente. Debe usarse un condón cada vez que tenga relaciones sexuales. Debe usarse de principio a fin durante las relaciones sexuales. Esto quiere decir que el condón debe ponerse apenas el hombre consigue la erección y se lo debe dejar puesto hasta que se venga, es decir, hasta que eyacule. En ese momento debe sacar el pene cuidadosamente sosteniendo el borde del condón.

Ni siquiera un condón de látex garantiza la protección contra el VIH el 100% del tiempo. Las únicas formas de estar absolutamente seguro de no contraer el VIH es no tener relaciones sexuales ni inyectarse drogas. Una persona también puede estar segura de no infectarse si sólo tiene relaciones sexuales en una relación estable a largo plazo con una persona que no este infectada y que será completamente fiel (**ambas** personas tienen que ser monógamas) y que no se inyecta drogas.

Divide the students into small groups of four to six students each. Give each group a box of latex condoms. Explain the following to the students:

About Latex Condoms

This is a box of latex condoms. You can see the word "latex" on the label. Latex is a form of rubber that sperm, bacteria, and viruses such as HIV cannot pass through. There now are latex condoms that are very thin, but still very strong. There are other condoms that are made from the intestines of lambs. Sometimes they are called "natural membrane" condoms. These condoms may not protect you from HIV. Be sure that the condoms you use are made from latex.

The label on the box may have the word "lubricated." This means that the condom is coated with a material that makes it slippery. This helps ensure that the condom does not tear during intercourse. It also makes intercourse easier for both partners. Some latex condoms have been lubricated with a spermicide. (Spermicides kill sperm and some STD germs.) Do not use petroleum jelly (Vaseline), coconut oil, cooking oil, cold cream, or other oils. They can cause the rubber to weaken and break. If you need additional lubrication, use a water-based product such as K-Y Jelly.

Sobre los condones de látex

Esta es una caja de condones de látex. Pueden ver la palabra, "látex" en la marca. El látex es una forma de hule a través del cual ni el semen, ni las bacterias ni los viruses como el VIH pueden pasar. Hoy en día existen condones de látex que son muy delgados, pero aún así son muy fuertes. Hay otros condones hechos de los intestinos de cordero. A veces se llaman "condones de membranas naturales". Estos condones podrían no protegerlos contra el VIH. Asegúrense de usar condones hechos de látex.

La marca en la caja también podría tener la palabra "lubricated" (lubricado). Esto quiere decir que el condón está cubierto con un material que lo hace resbaloso. Esto puede evitar que se rompa el condón durante el acto sexual. Algunos condones de látex han sido lubricados con un espermicida. (Los espermicidas matan los espermatozoides y algunas ETS.) No se debe usar vaselina, aceite de coco, aceite para cocinar, crema para el cuerpo u otros aceites. Debilitan el hule y se puede romper. Si se necesita más lubricación, se debe usar un producto a base de agua como la jalea K-Y.

Look at the expiration date on the condom package. That date is the last date that the condom should be used. Old condoms could be weak and should not be used.

When buying condoms, look for the reservoir tip, or nipple. The reservoir is the tip of the condom. It looks like a baby bottle nipple. The nipple holds the semen after the man ejaculates (or "comes"). The reservoir helps keep the condom from breaking during intercourse.

If you think you might have sexual intercourse, buy condoms in advance. Obtain condoms before you get in a situation where you might need them.

Buying Condoms

Drugstores and convenience stores ("minute markets") usually sell condoms. Anyone can buy a condom. You do not have to be a certain age to buy them. Most of the time, condoms are displayed like any other merchandise. You usually do not have to ask a salesperson to give them to you from behind the counter. Some people feel a little embarrassed buying condoms in a store. It is better to feel embarrassed and buy the condoms than not to buy them and risk getting infected with HIV or some other STD. Most family planning clinics give out free condoms.

Fíjese en la fecha de expiración en el paquete de condones. Esa es la última fecha en que se debe usar el condón. Los condones viejos pueden estar débiles y no deben ser usados.

Cuando compren condones fíjense en la tetilla, punta o receptáculo. Está en la punta del condón y se parece al chupo de un tetero de bebé. La tetilla contiene el semen después de que eyacula el hombre. La punta reduce la probabilidad de que se rompa el condón durante el acto sexual.

Si cree que va a tener relaciones sexuales, debe comprar condones con anticipación. Obtenga los condones antes de estar en la situación en la que los pueda necesitar.

Cómo comprar condones

Las farmacias y otras tiendas pequeñas por lo general venden condones. Cualquier persona puede comprar condones. No tiene que tener cierta edad para comprarlos. La mayoría del tiempo, los condones están a la vista como cualquier otro producto. Por lo general no tiene que pedírselos al vendedor. Algunas personas podrían sentir un poco de vergüenza cuando compran los condones. Es mejor sentirse con vergüenza y comprar los condones que no comprarlos y tomar el riesgo de ser infectados con el VIH u otra enfermedad sexualmente transmitida. La mayoría de las clínicas de planificación familiar dan condones gratis.

Explain to the students how a condom is to be used. If possible, demonstrate a condom using a penis model. If that is not possible, you can demonstrate a condom's use with your finger.

Using Condoms

A condom is rolled up inside the package. It must be carefully unrolled directly onto the erect penis. If the penis is uncircumcised, pull back the foreskin before putting on the condom. The condom should have a nipple or reservoir at the tip. If it does not, leave a 1/4 to 1/2 inch space between the condom and the tip of the penis to catch the semen ejaculated during orgasm. To remove air, squeeze the nipple or tip of the condom. This will prevent it from breaking.

Tiny drops of semen often escape from the penis before ejaculation. Even these few drops contain enough semen to transmit HIV or to make a woman pregnant. For this reason the condom must be put on before the penis touches the partner's body.

Cómo usar los condones

El condón está enrollado dentro del paquete. Tiene que ser desenrollado directamente sobre el pene erecto. Si el hombre no ha tenido circuncisión retire el prepucio, la piel que cubre la punta del pene, antes de poner el condón. El condón debe tener una tetilla en la punta. Si no la tiene, se debe dejar un espacio de 1/4 a 1/2 pulgada entre el condón y la punta del pene para recoger el semen eyaculado durante el orgasmo. La tetilla o la punta del condón se aprieta para que se le salga el aire. Esto es importante para evitar que se rompa.

Gotitas de semen se escapan frecuentemente por el pene antes de la eyaculación. Aun estas gotitas contienen suficiente semen para transmitir el VIH o impregnar. Por eso es muy importante que se ponga el condón antes de que el pene toque el cuerpo de otra persona.

When the man withdraws his penis after ejaculation, the condom can slip off, especially if he loses his erection. He or his partner must hold on to the rim of the condom at the base of the penis during withdrawal. It is preferable that this be done while the penis is still erect. No semen should touch the partner's genitals. Wrap the condom in a tissue and throw it in the trash. Never use a condom more than once.

Cuando un hombre saca el pene después de eyacular, el condón se puede soltar, especialmente si el pene ya no está erecto. El hombre o su compañera(o) debe sostener la orilla del condón cuando esta sacando el pene. Es preferible hacerlo mientras el pene todavía esté erecto. El semen no debe tocar los órganos genitales de la compañera. El condón se debe envolver en klínex o papel higiénico y tirarse a la basura. Nunca use un condón más de una vez.

Conclude by answering any questions the students may have.

OPTIONAL ACTIVITIES

A PENNY A DAY OR $100,000? (15 minutes)

This activity reinforces the “Virus Z Game” in Lesson I by visually illustrating the concept of the multiplier effect. The activity shows, through a money analogy, how quickly HIV can spread from one infected person to many. This activity can be done alone or in conjunction with “Just One Person With HIV” (the activity that follows) for maximum impact.

Suggested teacher narration:

In this activity, you will make a choice about money. Just imagine that someone told you that he or she would pay you money to go to school. She could give you a monthly salary of either:

- $100,000; or
- a penny the first day and that amount doubled each following day.

If the month has 30 days, how much money would you get by the end of the month if you were paid a penny on the first day and that amount was doubled daily? Well, on Day #2 you would have two pennies, on Day #3, four pennies, on Day #4, eight pennies, and on Day #5, 16 pennies. How many pennies would you get on Day #6? *(32)*

In which situation would you get the most money? Let's see a show of hands. How many of you would choose the $100,000? How many of you would rather get the daily salary doubled?

En esta actividad, van a tomar decisiones sobre dinero. Imagínese que alguien le dice que le paga para que asista a la escuela. Le puede dar un salario mensual de:

- $100.000; o
- Un centavo el primer día y luego el doble de la cantidad del día anterior al día siguiente.

Si el mes tiene 30 días. ¿Cuánto dinero recibiría al fin del mes si le pagaran un centavo el primer día y doblan la cantidad del día anterior cada día? Pues, el segundo día sería dos centavos, el tercer día cuatro centavos, el cuarto día ocho centavos, y el quinto día 16 centavos. ¿Cuántos centavos le darían el sexto día? *(32)*

¿Entonces, en cual situación obtendría más dinero? Vamos a levantar las manos. ¿Cuántos de ustedes escogerían $100.000? ¿Cuántos de ustedes preferirian obtener el salario diario doblado?

Give each student a copy of "A Penny a Day" (Handout 11). Ask students to calculate the doubled amount for each day of the month. Complete a few days' calculations as a class. Be sure that each student understands how the calculations should be done. Allow students to choose a partner with whom they would like to work in performing the calculations.

The calculations for each day are as follows:

DAY	AMOUNT
1	.01
2	.02
3	.04
4	.08
5	.16
6	.32
7	.64
8	1.28
9	2.56
10	5.12
11	10.24
12	20.48
13	40.96
14	81.92
15	163.84
16	327.68
17	655.36
18	1,310.72
19	2,621.44
20	5,242.88
21	10,485.76
22	20,971.52
23	41,943.04
24	83,886.08
25	167,772.16
26	335,544.32
27	671,088.64
28	1,342,177.28
29	2,684,354.56
30	5,368,709.12

When the figures have been completed for all 30 days, ask the students:

Did you realize how much money could come from just one penny a day doubled? *(Maybe not.)* Wouldn't it be great to get paid so well for attending school?	¿Se dieron cuenta cuánto dinero podrían ganar del salario de un centavo al día y el doble? *(Tal vez no.)* ¿No sería fantástico si nos pagaran tan bien por asistir a clases?
Can you see anything similar between this activity and how many people could be infected from one person who is infected with HIV? *(If one HIV-infected person transmits the virus to one partner, and if each subsequent partner transmits the virus to just one other partner, a tremendous number of people can become infected. Of course, the numbers will be fewer if any of the infected people use condoms or do not share drug injection equipment. In this case they would not pass the virus on to another person. A link in the chain would be broken. Fewer people would then become infected with HIV.)* It is also important to note that not everyone who is exposed to HIV will become infected with the virus. No one knows, however, when he or she might become infected as a result of engaging in high-risk activities.	¿Pueden ver algo similar entre esta actividad y cuántas personas pueden ser infectadas por una sola persona infectada con el VIH? *(Si una persona infectada transmite el virus a un compañero, y si cada compañero después transmite el virus solamente a otro, un tremendo número de gente puede ser infectada. Los números serán menos si algunas de las personas infectadas usan condones o dejan de compartir las cosas de inyectarse drogas. En este caso, no le pasarían el virus a otra persona. Se rompería así un eslabón de la cadena. Menos personas en el mundo serían infectadas con el VIH.)* También es importante notar que no toda persona que está expuesta al VIH se infecta con el virus. Pero nadie sabe cuándo puede ser infectado si participa en actividades de alto riesgo.

A PENNY A DAY

SEPTEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

UN CENTAVO AL DIA

SEPTIEMBRE

domingo	lunes	martes	miércoles	jueves	viernes	sábado
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

JUST ONE PERSON WITH HIV (30 MINUTES)

This activity reinforces the "Virus Z Game" in Lesson I by visually illustrating the multiplier effect. It shows, through a graphic illustration, how quickly HIV can spread from one infected person to many. This activity can be done alone or in conjunction with "A Penny a Day or $100,000?" (the preceding activity) for maximum impact.

Suggested teacher narration:

Now we are going to do an activity similar to the one we just finished. This time we are going to see what could happen with just one person with HIV. If a person with HIV has sexual intercourse with just one other person, how many people are now infected with HIV? *(2)*	Ahora vamos a participar en otra actividad como la que acabamos de terminar. Pero, esta vez, vamos a ver que puede pasar con una persona que tiene el VIH. Si una persona con el VIH tiene relaciones sexuales solamente con una persona, cuántas personas están ahora infectadas con VIH? *(2)*
Now, if each of these people has sexual intercourse with a different partner, how many people could now have HIV? *(4)*	Ahora, si cada una de estas personas tiene relaciones sexuales con otra persona diferente, ¿cuántas personas podrían ahora tener el VIH? *(4)*
If those four people, in turn, each have sex with still different partners, how many people could now have HIV? *(8)*	Si esas cuatro personas, a su vez, también tienen relaciones sexuales con otras personas diferentes, ¿cuántas personas podrían tener ahora el VIH? *(8)*
When those eight persons have sex with at least one different partner each, how many people could now have HIV? *(16)*	Cuando cada una de esas ocho personas también tiene relaciones sexuales con por lo menos una persona diferente, ¿cuánta gente puede tener ahora el VIH? *(16)*

Can you begin to see a number pattern here? *(Cite more examples if students cannot yet see the pattern that is emerging.)* Where have you seen that number pattern before? *(In the previous activity, "A Penny a Day or $100,000?")*

¿Pueden ver un patrón de números aquí? *(Se pueden dar más ejemplos si los estudiantes no ven el patrón de números.)* ¿Dónde han visto este tipo de números anteriormente? *(En la actividad previa, ¿Un centavo al día o $100,000¿)*

What is happening every time each infected person has sex with a different partner? *(The number of infected persons could double.)*

¿Qué pasa cada vez que cada persona infectada tiene relaciones sexuales con una persona diferente? *(El número de personas infectadas se puede doblar.)*

If you were to draw this out in a picture, this is how it would look.

Si dibujara este proceso, se vería algo como la copia de Solo Una Persona Con VIH.

Distribute copies of "Just One Person with HIV" (Handout 12). (You can display a transparency of this handout on an overhead projector.)

Remember that this situation would only happen if every person involved had sex with at least one other person. Some of the people, even the first one, might not have had sexual intercourse with anyone. If that happened, a link in the chain of infection would be broken and the virus' transmission would stop. Also some of the people could have used condoms. Whenever any person used a condom a break in the infection chain would have occurred.

Recuerden que esta situación solamente sucede si cada persona en el ejemplo tiene relaciones sexuales con por lo menos una persona más. Es posible que algunas de las personas, hasta la primera, no hayan tenido relaciones sexuales con ninguna otra persona. Si esto ocurre, un eslabón en la cadena de infección se quiebra y la transmisión de la enfermedad se termina. También algunas de las personas podrían haber usado condones. Si esto pasa, habrá una ruptura en la cadena de infección.

If a person has sex with an HIV-infected person, will he or she be certain to be infected with HIV? *(Not necessarily. Not everyone who has sex with an HIV-infected person gets the virus, but one never knows whether she or he will become infected. No one knows exactly why infection occurs some times and not others, even when people engage in extremely high-risk activities. The important thing to remember here is that a person takes a very great risk by having sex without a condom or by sharing drug injection equipment.)*	Si una persona tiene relaciones sexuales con una persona infectada, ¿está él o ella seguro de ser infectado con el VIH? *(No. No todas las personas que tienen relaciones sexuales con una persona infectada adquieren el virus, pero nunca se sabe cuando se va infectar. Nadie sabe exactamente por qué la infección ocurre unas veces y no otras, aun cuando la gente participa en actividades de mucho riesgo. Lo importante es recordar que se toma un gran riesgo al tener relaciones sexuales sin usar condones o al compartir equipo para inyectarse drogas.)*
What would happen if some of the infected people had sex with more than one partner? *(There could be even more persons infected with HIV.)*	¿Qué pasaría si algunas de las personas infectadas tuvieran relaciones sexuales con más de una persona? *(Podrían haber muchas más personas infectadas con VIH.)*
What other activities have we done that also show how many people can be infected with HIV from just one person? *("The Virus Z Game" in Lesson I and "A Penny A Day" in Lesson III.)*	¿Qué otra actividad hemos hecho que también enseña cuánta gente puede ser infectada con el VIH por una sola persona? *("El Juego Virus Z" en Lección I y "Un Centavo al Día" en Lección III.)*

Summarize this activity by asking the following questions:

Can the chain of HIV infection be broken? *(Yes)* What is the only sure way we can avoid getting HIV? *(Abstinence—avoiding sexual intercourse and avoiding drugs altogether.)*	¿Se puede romper la cadena de infección VIH? *(Sí)* ¿Cuál es la única manera segura en que podemos evitar contraer el VIH? *(Abstinencia—evitando las relaciones sexuales; y evitando el uso de drogas.)*

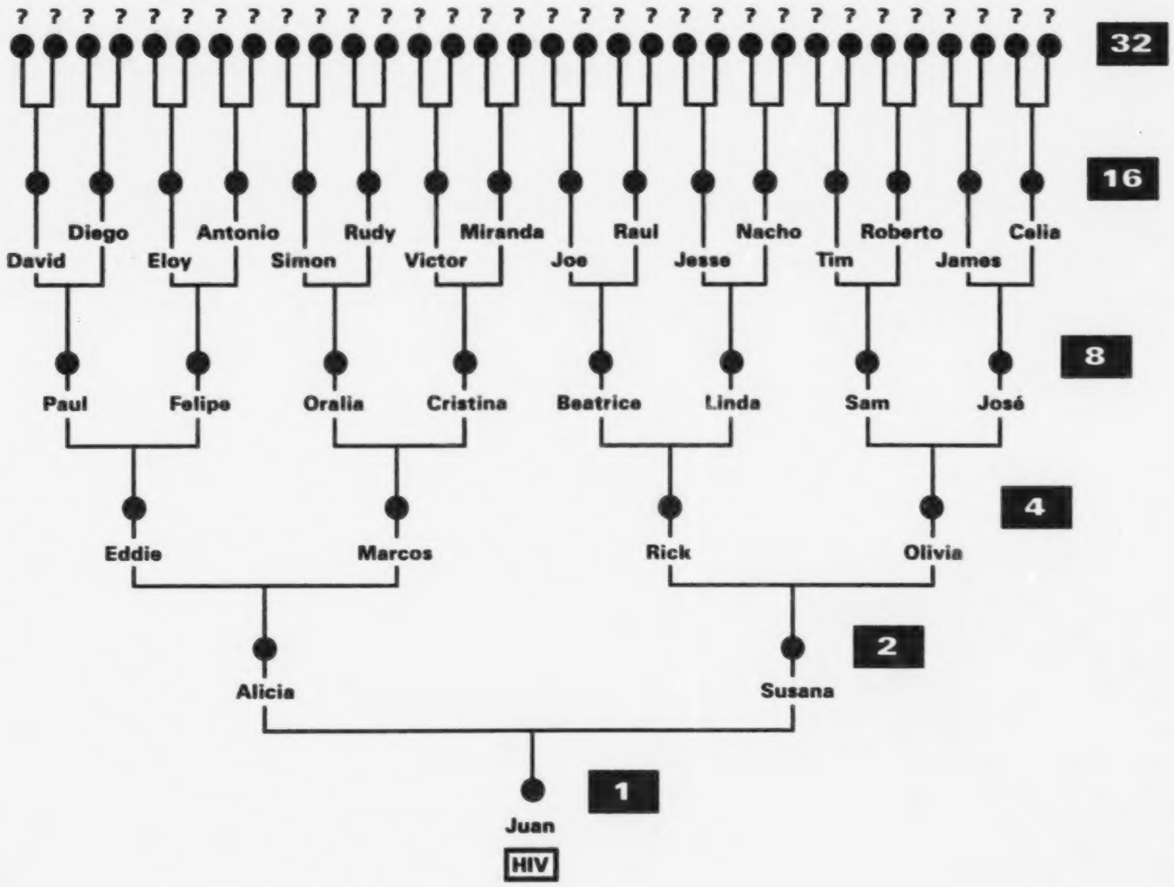
What are some of the ways that people who have sexual relations or use drugs can protect themselves from HIV infection? *(Have protected sexual intercourse using latex condoms. Never inject drugs or, at a minimum, never share needles or syringes for injecting drugs.)*

What did you learn about the spread of HIV through these activities? *(That a lot of people could get infected beginning with just one infected person.)*

¿Cuáles son algunas de las formas en que puede protegerse de la infección del VIH una persona que tenga relaciones sexuales o que use drogas? *(Teniendo relaciones sexuales usando condones de látex. No inyectarse drogas o, al menos, evitando compartir agujas o jeringas para inyectarse drogas.)*

¿Qué aprendieron acerca del esparcimiento del VIH por estas actividades? *(Que mucha gente puede ser infectada comenzando solamente con una persona infectada.)*

JUST ONE PERSON WITH HIV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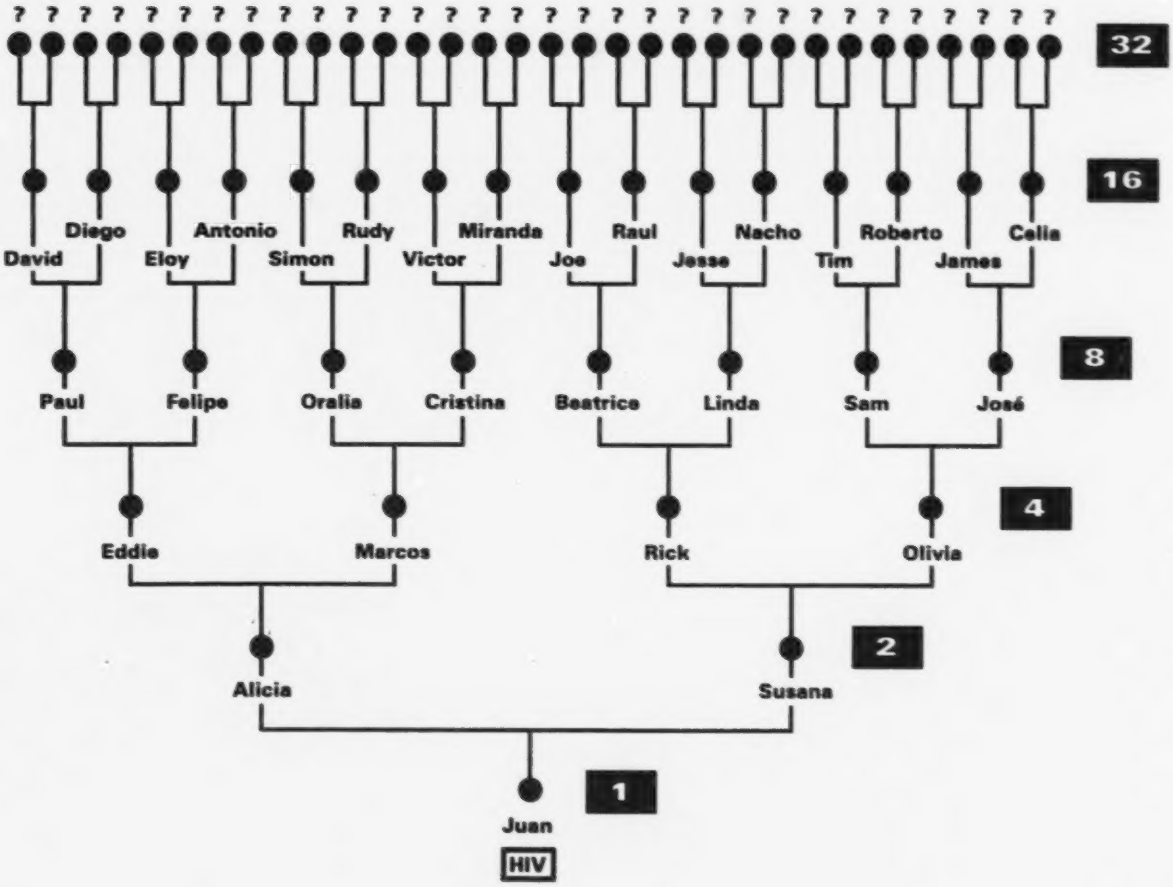
16
Diego
Antonio
Rudy
Miranda
Raul
Nacho
Roberto
Celia
David
Eloy
Simon
Victor
Joe
Jesse
Tim
James
8
Paul
Felipe
Oralia
Cristina
Beatrice
Linda
Sam
José
4
Eddie
Marcos
Rick
Olivia
2
Alicia
Susana
1
Juan
HIV

SOLO UNA PERSONA CON VIH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Olivia
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Juan
HIV

PARENT INTERVIEW (Homework Activity)

Many teenagers do not discuss issues concerning sexuality and relationships with their parents. In this activity students will have an opportunity to discuss these topics with their parents by interviewing them. Begin by asking your students to suggest topics for the interview. Have the class select two or three of the topics. Then develop a simple sequence of questions. Students might increase their comfort by first conducting practice interviews with one another.

The following day ask your students:

How did your parents react to being asked?	¿Cuál fue la reacción de sus padres a las preguntas?
Did they seem to welcome the chance to talk?	¿Se mostraron agradecidos por la oportunidad de hablar?
How did you feel about asking your parents these questions?	¿Cómo se sintieron acerca de hacerles estas preguntas a sus padres?
What made the discussion go well? poorly?	¿Qué hizo que la conversación saliera bien? ¿O mal?
Would you like to talk more with your parents about dating, about making decisions in hard situations, about HIV and AIDS? If so, what could you do to make discussions like this take place? If not, with whom would you like to talk about these issues?	¿Les gustaría hablar más con sus padres acerca del noviazgo, acerca de tomar decisiones en situaciones difíciles, acerca del VIH y del SIDA? Si ese fuera el caso, ¿Qué podrían hacer para que este tipo de discusiones tenga lugar? Si no, ¿Con quién les gustaría hablar acerca de estas cosas?

CONDOM STEPS* (15 minutes)

This activity is designed to reinforce the first activity about condoms in this lesson. Its purpose is to teach students the sequence of steps to take in using a condom.

Preparation

Before the lesson, write each of the following terms on separate pieces of cardboard in bold letters:

Loss of erection	**Pérdida de la erección**
Roll condom on	**Desenrolle el condón**
Orgasm/Ejaculation	**Orgasmo/Eyaculación**
Leave room at the tip and squeeze out any air	**Deje espacio en la punta y apriete para sacar todo el aire**
Throw condom away	**Bote el condón a la basura**
Sexual arousal	**Excitación sexual**
Discuss and agree on condom use	**Discute y póngase de acuerdo sobre usar condones**
Intercourse	**Relaciones sexuales**
Erection	**Erección**
Pull back foreskin	**Retire el prepucio, la piel suelta en la punta del pene**
Withdraw the penis	**Saque el pene**
Relaxation	**Relajación**
Hold onto the rim	**Sostenga el borde del condón**

Suggested teacher narration:

Condoms have been used successfully to prevent diseases and pregnancy by millions of people for centuries. This activity explains some of the reasons that people choose condoms, as well as how to use a condom correctly.	Millones de personas han usado los condones con éxito por más de un siglo para evitar las enfermedades y el embarazo. Esta actividad explica por qué la gente escoge los condones, y cómo usar los condones correctamente.

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[*] Adapted from Carolyn Cooperman, "Condom Comfort" in Brick et al., *Teaching Safer Sex,* Planned Parenthood of Bergen County, Hackensack, NJ, 1989.

You may also have heard that there now is a female condom. This is a wide tube of latex rubber that is inserted into a woman's vagina. The end that goes up into the vagina is closed. The opening at the entry of the vagina is open. The condom provides a barrier between a woman's vagina and a man's penis during sexual intercourse. Like the male condom, it must be used from the beginning to end of intercourse. It must not be reused. It is much more expensive than the male condom.	Es posible que hayan oído que ahora también hay un condón femenino. Es un tubo ancho de látex que se inserta en la vagina de la mujer. La parte que se pone dentro de la vagina es cerrada. La parte que queda a la entrada de la vagina es abierta. El condón provee una barrera entre la vagina de la mujer y el pene del hombre durante las relaciones sexuales. Lo mismo que con los condones para los hombres, debe usarse desde el principio hasta el final de las relaciones sexuales. No debe usarse más de una vez. Es mucho más caro que el condón masculino.
This activity is about the male condom.	Esta actividad es acerca de los condones para hombres.

Write the following heading on the board: REASONS WHY PEOPLE CHOOSE CONDOMS

Let's list on the board reasons you can imagine why people might choose to use condoms. *(Brainstorm a list of ideas, including concepts such as widespread availability, male control over his own fertility, no hazardous side effects, protection against HIV and other STDs, excellent protection for unanticipated intercourse, etc.)*	Vamos a hacer una lista, en el pizarrón, de todas las razones que ustedes puedan identificar por qué la gente usa condones. *(Desarrolle una lista de ideas, asegurando que se incluyen conceptos como la disponibilidad extensa de los condones, el control del hombre sobre su fertilidad, la ausencia de efectos secundarios peligrosos, protección contra el VIH y otras enfermedades transmitidas sexualmente [ETS], protección excelente para actos sexuales no anticipados, etc.)*

Describe the condom:

The condom is a sheath (or a cover) worn over the penis to prevent the spread of STDs and pregnancy. Some people practice using condoms before they actually have intercourse so that they know how to use them and experience how they feel. It's like trying to get used to wearing a new hat or glove if you have never worn one before.

El condón es una capa o cubierta usada sobre el pene para la prevención del embarazo y de ETS. Algunas personas practican el uso de condones antes de tener relaciones sexuales para saber cómo usarlos y cómo se sienten. Es como acostumbrarse a usar un guante o un sombrero si nunca antes los han usado.

Have 13 volunteers come to the front of the room (preferably some males and some females). Give one of the cards you prepared before class to each student to hold up. Ask the 13 students to arrange themselves with their cards in the proper order illustrating effective condom use from start to finish. The rest of the class observes how the group completes this task and reviews the final ordering. When the order is correct, post the cards in front of the room.

The correct order is as follows:

• Discuss and agree on condom use	• Discute y póngase de acuerdo sobre usar condones
• Sexual arousal	• Excitación sexual
• Erection	• Erección
• Leave room at the tip and squeeze out any air	• Deje espacio en la punta y apriete para sacar todo el aire
• Pull back foreskin	• Retire el prepucio, la piel suelta en la punta del pene
• Roll condom on	• Desenrolle el condón
• Intercourse	• Relaciones sexuales
• Orgasm/ejaculation	• Orgasmo/eyaculación
• Hold onto the rim	• Sostenga el borde del condón
• Withdraw the penis	• Saque el pene
• Loss of erection	• Pérdida de erección
• Relaxation	• Relajación
• Throw condom away	• Bote el condón a la basura

Discussion Questions:

How did the group work to complete this activity? Did people talk to one another or line up without saying much?	¿Como trabajó el grupo para completar esta actividad? ¿Tuvieron discusiones o se pusieron de acuerdo sin hablar mucho?
How much semen comes out during an ejaculation? *(Usually one teaspoon is ejaculated.)* Which steps are particularly important in preventing semen from leaking? *(Leave room at the tip, Roll condom on, Hold onto rim)*	¿Qué cantidad de semen es emitido durante una eyaculación? *(Generalmente una cucharadita.)* ¿Cuáles pasos son particularmente importantes para evitar que el semen se derrame? *(Deje espacio en la punta, Desenrolle el condón, Sostenga el borde)*
A few people have said that the condom lessens sexual pleasure. Which part in the process feels the same whether or not a condom is used? *(Sexual arousal, Erection, Loss of erection, and Orgasm / Ejaculation)* Which part might feel different? *(Intercourse, Withdraw the penis)* Some men have found that condoms cure premature ejaculation.	Se ha dicho que el condón reduce el placer sexual. ¿Cuáles partes en el proceso se sienten igual aunque se use o no se use un condón? *(Excitación sexual, Erección, Pérdida de erección, Orgasmo / Eyaculación)* ¿Cuáles partes podrían sentirse diferentes? *(Relecciones sexuales, Saque el pene).* Algunos hombres han encontrado que el uso del condón cura la eyaculación prematura.

CONDOM REPORTS* (25 minutes)

If this lesson is not preceded by the "Condom Steps" activity, begin by briefly reviewing proper condom use. In this exercise, students will examine their attitudes about using condoms and will evaluate condoms in a group activity. This helps them overcome their discomfort touching condoms and talking about condoms by providing an acceptable, nonsexual context to handle and discuss them. Each group will need at least three different brands of condoms (in the boxes) and three copies of this activity's handout.

Suggested teacher narration:

Even though there is a lot more talk about condoms than there used to be, people still have many different feelings about using them. In this activity, you will examine your feelings toward condoms.	Aunque la gente habla más sobre los condones que anteriormente, todavía tiene emociones diferentes sobre su uso. En esta actividad vamos a examinar cómo se sienten ustedes acerca de los condones.

Distribute one 3" x 5" index card to each student.

On this card, write how you imagine you would feel if you were involved in a relationship and, before intercourse, your partner took out a condom and suggested that you use it. Do not write your name on this card. Instead, at the top of the card, put an M for male (if you are male) or an F for female (if you are female).	En esta tarjeta, quiero que escriban como imaginan que se sentirían si tienen una relación y antes de tener relaciones sexuales, su compañero(a) sacara un condón y sugiriera que lo usaran. No escriban sus nombres en esta tarjeta. En cambio, en la parte de arriba de la tarjeta escriban H si son hombres o M si son mujeres.

Collect the cards and read them out loud, stating each time whether it was written by a male or a female student.

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* Adapted from Carolyn Cooperman, "Condom Comfort" in Brick et al., *Teaching Safer Sex*, Planned Parenthood of Bergen County, Hackensack, NJ, 1989.

Conduct a class discussion.

In national studies in the United States, both men and women have reported that when a partner offered a condom, they felt it showed caring. They liked the person better for this. Were your responses the same or different than the national studies? *(Responses will probably be similar, but may vary.)*

In an age of AIDS and other STDs, who are the only people who do not need to use condoms? *(Those who abstain from—do not engage in—sexual intercourse and those who have a mutually monogamous relationship with an uninfected partner who does not inject drugs.)*

Many family planning clinics are advising women who are not in monogamous relationships to use condoms even if they also use the pill or the diaphragm. Why is this so? *(The pill and the diaphragm do not protect women against HIV infection. Only the condom offers this protection.)*

En estudios nacionales en este país, tanto las mujeres como los hombres dijeron que cuando un compañero ofrecía un condón, pensaron que la persona demostraba cariño. ¿Fueron sus repuestas iguales o diferentes a la de los estudios nacionales? *(Las respuestas pueden ser similares, pero podrían variar.)*

¿En esta época del SIDA y otras enfermedades transmitidas sexualmente (ETS), quiénes son los únicos que no necesitan usar condones? *(Los que se abstienen de tener relaciones sexuales no necesitan usar condones. Tampoco las personas que tienen relaciones monógamas mutuas con compañeros sin infección y que no se inyectan drogas.)*

Muchas clínicas de planeación familiar les aconsejan a las mujeres que usan "la píldora" y el diafragma que también usen condones. ¿Por qué? *(Ni la píldora ni el diafragma protegen a las mujeres contra la infección del VIH. Solo un condón ofrece esta protección.)*

Give three copies of "Condom Reports" (Handout 13) to each group. Review the directions with the entire class.

Pretend that you are on a panel for the magazine, *Consumer Reports*. You will be working in small groups to evaluate three brands of condoms. You will use these handouts to rate each condom. As a group, examine the condom package (the box), the wrapping of the individual condoms, and each condom's features. After making any additional comments about the condom, your group will give it an overall rating: from a 5, if your group thought it was great, to a rating of 1, if you thought it was terrible. If your group cannot agree on a certain item, put a question mark by it.

Imagínense que son parte de un panel de evaluación de la revista *Consumer Reports* (*Informes al Consumidor*) Van a trabajar en grupos pequeños para evaluar tres marcas de condones. Ustedes van a usar estos informes para evaluar cada condón. Como grupo van a examinar el paquete de condones, la cubierta individual de los condones, y las características de los condones. Después de hacer cualquier otro comentario sobre el condón, el grupo le dará una evaluación total: desde un 5 si su grupo piensan que es muy bueno, hasta un 1 si piensan que es terrible. Si su grupo no se puede poner de acuerdo sobre ciertos aspectos, pongan un signo de interrogación.

Divide students into small groups (preferably with five or fewer students per group) and give each group a selection of at least three condoms (in their boxes) to evaluate.

Conclude the lesson by asking each group to report which condom received the highest rating in their group and why.

CONDOM REPORTS[*]

Name of Condom: ______________________________

Directions: Put a check next to all descriptions which apply to the condom named above. If your group cannot agree on an item, put a question mark (?) by it.

A. Condom package (box) is:

- ☐ eye-catching
- ☐ embarrassing
- ☐ nonthreatening
- ☐ appealing to young people
- ☐ male-oriented
- ☐ female-oriented
- ☐ contains instructions
- ☐ has easy to read expiration date
- ☐ other

B. Features of condom:

- ☐ lubricated
- ☐ nonlubricated
- ☐ contains spermicide
- ☐ latex
- ☐ made of other material
- ☐ colored
- ☐ textured
- ☐ reservoir tip or nipple
- ☐ other

C. Wrapping of Individual Condoms:

- ☐ plastic wrap
- ☐ paper wrap
- ☐ foil wrap
- ☐ capsule
- ☐ easy to open
- ☐ difficult to open
- ☐ other

D. Other comments about this condom:

E. Overall rating of condom (circle one):

5	4	3	2	1
Great!		So-So		Terrible!

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[*] Adapted from Carolyn Cooperman, "Condom Comfort" in Brick et al., *Teaching Safer Sex*, Planned Parenthood of Bergen County, Hackensack, NJ, 1989.

INFORME SOBRE CONDONES[*]

Nombre del Condón: ____________________________________

Instrucciones: Ponga una marca (X) junto a la descripción que corresponde al condón nombrado. Si su grupo no se pone de acuerdo en algo, ponga un signo de interrogación (?) al lado.

A. El paquete del condón (caja) es:

- ☐ atrae la vista
- ☐ embarazoso
- ☐ no amenaza
- ☐ atractivo para los jóvenes
- ☐ es orientado al hombre
- ☐ es orientado a la mujer
- ☐ contiene instrucciones
- ☐ tiene fecha de expiración fácil de leer
- ☐ otro

B. Características del condón:

- ☐ lubricado
- ☐ no lubricado
- ☐ contiene espemicida
- ☐ de látex
- ☐ hecho de otro material
- ☐ de color
- ☐ con textura
- ☐ punta recipiente o tetilla
- ☐ otro

B. La cubierta individual de los condones:

- ☐ cubierta de plástico
- ☐ cubierta de papel
- ☐ cubierta de papel aluminio
- ☐ cápsula
- ☐ fácil de abrir
- ☐ difícil de abrir
- ☐ otro

D. Otros comentarios sobre este condón:

E. Evaluación total del condón (marque uno con círculo):

5	4	3	2	1
¡Estupendo!		Regular		¡Terrible!

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[*] Tomado y revisado de Carolyn Cooperman, "Condom Comfort" en Brick et al., *Teaching Safer Sex*, Planned Parenthood of Bergen County, Hackensack, NJ, 1989.

LESSON IV

DECISION MAKING

STUDENT OBJECTIVES

- Practice responsible decision making through risk analysis.
- Express a positive self-concept.

RATIONALE

Knowing the facts about HIV and how to assess the risk of different behaviors are first steps toward practicing responsible behaviors. Students must then practice making decisions based on that knowledge. Students with a positive self-image will be less inclined to seek attention and acceptance through negative or harmful behavior.

OVERVIEW

In this lesson's two core activities, students practice making decisions in HIV-related situations. They assess the degree of risk involved in particular activities and analyze the reasons why people engage in behaviors that put them at risk. An optional activity, *Dear Juanita*, provides additional decision-making practice. A second optional activity, *Self-Portrait*, helps students build a positive self-image through an art project. The relationship between destructive behaviors and low self-esteem is discussed.

Remember to answer any questions in the Question Box.

MATERIALS

Handouts and supplies should be available for all students. The necessary supplies and preparation are summarized in the following table:

	Activity	Supplies
Core Activities	Risky Business	Handout 14 (pages 177-180): "Risky Business" (1 per student)
	You Decide	Handouts 15A-15C (pages 183-188): "You Decide" (1 copy of selected situation for each member of each small group)
Optional Activities	Dear Juanita	Handouts 16A-16F (pages 197-208): "Dear Juanita" (1 copy of selected situation for each member of each small group)
	Self-Portrait	Transparency 2: "Self-Portrait" (make a transparency from pictures on pages 223 and 224); overhead projector, markers, crayons, glue, magazines, scissors, ribbon strips, construction paper, glitter, yarn, etc.

CORE STUDENT ACTIVITIES

RISKY BUSINESS: CONFRONTING HIGH-RISK SITUATIONS (20 minutes)

Suggested teacher narration:

> Our next activity will give you another chance to practice standing up for your opinions and feelings. This time, however, the story is about two people on a date and the problem they face together.

> La siguiente actividad les dará otra oportunidad para que se mantengan firmes en sus opiniones. Sin embargo, esta vez, la historia es acerca de dos personas y el problema al que se enfrentan en una cita.

Divide the class into two relatively equal teams, Team 1 and Team 2. (The teams should be balanced in terms of gender as well as numbers. Having students of both sexes on each team will allow each to see the other's point of view.)

Distribute "Risky Business" (Handout 14) to all students. Have the situation read aloud. (Teacher or student volunteer might read it.) **Explain to the class that it has been divided into two teams to practice taking sides in the argument.**

Ask for one volunteer from each team to role play the "Risky Business" situation. The volunteer from Team #1 will play Martin, who is trying to convince Carmen, the volunteer from Team #2, to engage in the risky behavior. Carmen verbally tries to stop Martin's attempts to involve her in a high risk behavior (unprotected sexual intercourse with someone she hardly knows). Members from Martin's team verbally coach him to try to convince Carmen of his point of view. Members from Carmen's team verbally coach her to be assertive and not give in to Martin's pressure to have sex. The teams should try to come up with as many different responses for both Carmen and Martin as possible.

If time permits, this role play could be reenacted by two more volunteers, one from each team. You might switch roles so that, in the second role play, it is Carmen who tries to persuade Martin to get sexually involved.

After role playing, have the students take their seats. Ask each team to jot down their comments for Carmen and Martin on the worksheet as they recall them.

Lead the class in a concluding discussion about peer pressure, short-term vs. long-term gratification, being assertive, and self-image. It is likely that the topic of date rape will come up. Be sure to point out that no matter how flirtatious and provocative a young woman might be, her "no" must always be taken as "no." Depending on time and judgment, ask the questions below:

What could have been the easy way out for Carmen? *(having sexual intercourse)* Why? (*Sometimes it is easier to give in than to argue about what you believe in. By asking Martin to drive her home, Carmen spoke up for herself and her needs. She also took the risk of possibly angering Martin. Could this have resulted in him forcing her to have sexual intercourse? This is called "date rape.")*

How do you think Carmen felt about herself after standing her ground? *(She could have had mixed feelings: good, relieved, anxious, angry, confused, frustrated, or disappointed.)* Why? *(Although she could have been proud of herself for standing up for what she believed in, she could also have been frustrated by arguing with Martin and disappointed in his attitude. She could have felt relieved that the situation did not result in date rape or another violent act. She could have had second thoughts about the "mixed messages" she could have given to Martin. She might also have felt anxious, wondering what others would say about her if they heard about the situation. She may have felt anxious about whether Martin*

¿Cuál podría haber sido "la salida fácil" para Carmen? *(Tener relaciones sexuales)* ¿Por qué? *(A veces es más fácil darse por vencido que discutir los valores propios. Al pedirle a Martin que la llevara a casa, Carmen expresó sus necesidades. También se arriesgó a que Martin pudiera enojarse. ¿Podría esto haber causado que él la forzara a tener relaciones sexuales? Esto se denomina "violación durante una cita").*

¿Cómo creen que se sintió Carmen después de haberse mantenido firme? (*Ella podría tener diferentes emociones: podría sentirse bien, ansiosa, enojada, confundida, frustrada, desilusionada.)* ¿Por qué? *(Aunque ella podría haberse sentido orgullosa de sí misma por haber sido firme en sus actitudes, también pudo haberse sentido frustrada por tener que discutir con Martin y desilusionada por su actitud. Podría haberse sentido tranquilizada de que la situación no se convirtió en una violación durante la cita, o cualquier otra acción violenta. Podría tener sentimientos confusos acerca de los "mensajes mixtos" que pudo haberle dado a Martin. Podría sentirse ansiosa al pensar en lo que los demás pensarán si se enteran de la situación. Podría sentirse insegura pensando si* *would want to go out again or she may have been determined not to date him again.)*

How do you think Martin felt while trying to convince Carmen of his position? *(He, too, may have felt conflicting emotions: frustration, anger, or disappointment, as well as confusion and anxiety.)* Why? *(He had certain expectations of Carmen that would not be fulfilled. He did not understand her motives and actions. He might have wondered what others would say about him if they heard about the situation. He may have felt insecure about whether this situation would keep him from dating Carmen in the future.)*

Did Carmen do or say anything that might have made Martin think that she might be interested in having sex? *(She danced closely, asked to leave the dance, etc.)* What could Carmen have done to get Martin to take her straight home? *(She could have told him before or at the dance that she needed to go home early to study for a test.)* What could Martin have done to get his own needs met without being forceful with Carmen? *(A less angry and more supportive reaction would probably have increased his chances of continuing their relationship.)*

What are some negative (bad) things that could have come from Carmen having sexual intercourse with a partner she hardly knew? *(She could become*

Martin querrá salir otra vez con ella, o podría sentirse segura de que no quiere salir con él otra vez.)

¿Cómo creen que se sintió Martin mientras trataba de convencer a Carmen de su proposición? *(Él también podría tener emociones diferentes: frustración, enojo, desilusión, confusión y ansiedad)* ¿Por qué? *(Porque el esperaba ciertas cosas de Carmen, que no sucedieron. Él no entendió sus motivos ni sus acciones. Se podría preguntar qué van a decir de él los demás si se enteran de la situación. Podría sentirse inseguro si cree que esta situación va a hacer que Carmen no vuelva a salir con él.)*

¿Hizo Carmen o dijo algo que hiciera pensar a Martin que ella podía estar interesada en tener relaciones sexuales? *(Bailó muy junto, y dijo que quería irse de la fiesta, etc.)* ¿Qué podría haber hecho Carmen para hacer que Martin la llevara derecho a casa? *(Podría haberle dicho a Martin, en la fiesta o antes, que tenía que irse temprano porque tenía que estudiar para un examen.)* ¿Qué podría haber hecho Martin para lograr sus propios deseos sin haber forzado a Carmen? *(Una reacción menos enojada y de más apoyo probablemente hubiera aumentado las posibilidades de que la relación continuara.)*

¿Cuáles son algunas cosas negativas que podrían haber resultado si Carmen hubiera tenido relaciones sexuales con un compañero a quien apenas conocía?

infected with HIV or another STD. She could become pregnant. She could feel ashamed or become depressed at having done something she did not want to do. She could get a reputation of being an "easy" date. Her parents could find out and punish her.)

What are some negative things that could have come from Martin having sexual intercourse with a partner he hardly knew? *(He could become infected with HIV or an STD. He could father a child. He could get a reputation for being a pushy or aggressive date or even be accused of attempted date rape. He could regret trying to push Carmen to do something she did not want to do.)*

Carmen and Martin really seemed to like each other. What are some positive (good) things that would have come from Martin and Carmen having sexual intercourse? *(Each might feel less lonely or more attractive and desirable. Their relationship might develop into a long-term relationship. Sex could be an enjoyable experience.)*

Are positive or negative things more likely to happen if Carmen and Martin have sexual intercourse? *(Probably negative things)* Which results, positive or negative, are more likely to affect our lives for a long time? *(Negative)* Which is easier to choose: something we can enjoy

(Podría resultar infectada con el VIH o alguna otra ETS. Podría resultar embarazada. Podría sentirse avergonzada y deprimirse por haber hecho algo que en realidad no quería. Podría adquirir la reputación de ser una mujer "fácil" o sus padres podrían enterarse y castigarla.)

¿Cuáles son algunas cosas negativas (malas) que podrían haber resultado si Martin hubiera tenido relaciones sexuales con alguien a quien apenas conocía? *(Podría infectarse con el VIH o alguna otra ETS. Podría convertirse en padre. Podría adquirir la reputación de ser agresivo o podría ser acusado de intento de violación. Podría pesarle haber obligado a Carmen a hacer algo que ella no quería hacer.)*

Parecía que Carmen y Martin realmente se gustaban. ¿Cuáles son algunas cosas positivas (buenas) que podrían haber sucedido si Carmen y Martin hubieran tenido relaciones sexuales? *(Ambos podrían sentirse menos solos, o más atractivos y deseables. La relación podría convertirse en una relación a largo plazo. Las relaciones sexuales pueden ser una experiencia agradable.)*

Si Carmen y Martin tienen relaciones sexuales, ¿Es más probable que sucedan cosas positivas o negativas? *(Probablemente cosas negativas).* ¿Cuáles resultados (los positivos o los negativos) afectan nuestras vidas por más tiempo? *(Los negativos)* ¿Qué es más fácil de

right now or something that will be good for us in the future? *(Usually it is easier to choose something we can enjoy now.)* Why is it hard to choose what is better for us in the long run? *(It is hard to resist temptation; doing it now is more satisfying; it takes more self-control and discipline to wait; etc.)*

What effect, if any, did alcohol have on Martin's and Carmen's behavior? *(It probably made them less inhibited and affected their judgment in making decisions.)*

Do you think Martin and Carmen will date again? Why or why not? *(Responses will vary.)*

Think about your own behavior. Do you feel more confident now about being able to stand up for what you believe in? Do you have a better idea of how to get the results you want? *(Responses will vary.)* How can you learn to be more assertive? *(Practice and reward myself for trying.)*

escoger: algo que podemos disfrutar ahora, o algo que será bueno para nosotros en el futuro? *(Por lo general es más fácil escoger algo que podemos disfrutar inmediatamente.)* ¿Por qué es más difícil escoger lo que es mejor para nosotros a largo plazo? *(Es difícil resistir las tentaciones. Es más satisfactorio hacer algo ahora mismo. Esperar requiere más auto control, etc.)*

¿Cuál fue el efecto, si hubo alguno, del alcohol en la conducta de Carmen y Martin? *(Probablemente hizo que se sintieran menos inhibidos y afectó la forma en que tomaron decisiones.)*

¿Creen que Martin y Carmen vuelvan a salir juntos? ¿Por qué, o por qué no? *(Las respuestas serán variadas.)*

Piensen en su propia conducta ¿Se sienten más confiados de ser capaces de hacer valer sus creencias? ¿Están más conscientes de cómo pueden obtener lo que desean? *(Habrán diferentes respuestas.)* ¿Qué deberán hacer para aprender a hacer más firmes en cuanto a sus valores? *(Practicar y darme recompensas por tratar.)*

NOTE: You could continue this activity by having the class develop another high-risk situation. They then would role play it in teams as done in this exercise. This would give the students additional opportunities to apply their skills to real life situations.

RISKY BUSINESS

Carmen's family recently migrated to Oregon. She enrolled in school after the school year began. Being very shy, Carmen had not made any friends. Most of her time at school was spent alone. One day another student, Martin, asked her to go to a dance that night. Carmen felt flattered and excited. Martin was older and even had a car.

Carmen had fun at the dance with Martin. They were both good dancers. It was easy to relax with Martin, especially after they drank several beers. Carmen really liked the slow dances. She felt very safe in Martin's arms.

Martin and Carmen danced and drank beer for several hours. Carmen finally told Martin it was time to go home. She was tired and there was a test the next day. She needed some rest to do well on the test. Martin was sure that Carmen wanted to leave the party so that the two of them could be alone. He quickly agreed.

Martin did not drive Carmen home. Instead, he drove down a quiet dirt road and parked the car on the side of the road. Martin began kissing Carmen and unbuttoning her shirt. Carmen struggled and tried to push Martin away. Carmen got upset and asked Martin to please drive her home. She could not believe Martin was being so pushy. Martin became angry and was confused at Carmen's behavior. He had not wanted to upset her. Why did Carmen want to leave the dance anyway?

Imagine that you are Carmen and Martin. Think about how each of them is feeling about the situation. Then take each side of their conversation. On the next page, write down the things that you think Martin would say to Carmen to express the way he was feeling. Write down how you think Carmen could respond in an assertive way to Martin's remarks.

RISKY BUSINESS

Martin's Remarks	**Carmen's Responses**
• What's the matter with you?	• Nothing's wrong with me! I just don't want to have sex with you. That's all.
• You sure didn't act like that when we were dancing!	• I admit I had a wonderful time dancing with you. But dancing and having sex are two different things!
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ASUNTO PELIGROSO

La familia de Carmen emigró recientemente a Oregon. Carmen se matriculó en la escuela después de que el año escolar había empezado. Siendo muy tímida, Carmen no tenía muchos amigos. Casi todo el tiempo que estaba en la escuela se la pasaba sola. Un día, otro estudiante, Martin, le pidió a Carmen que lo acompañara a un baile esa noche. Carmen se sintió muy halagada y excitada. Martin era mayor y hasta tenía auto.

Carmen se divirtió mucho en el baile con Martin. Ambos bailaban bien. Era fácil estar con Martin, especialmente después de haberse tomado varias cervezas. A Carmen le gustó mucho bailar lento. Carmen se sentía muy segura en los brazos de Martin.

Martin y Carmen bailaron y tomaron cerveza por varias horas. Finalmente, Carmen le dijo a Martin que era hora de irse a casa. Había un examen al día siguiente y Carmen estaba muy cansada. Necesitaba descansar para poder salir bien en el examen. Martin estaba seguro de que Carmen quería irse de la fiesta para que los dos pudieran estar solos. Rápidamente Martin estuvo de acuerdo.

Martin no llevó a Carmen a su casa. Se fue por un camino muy tranquilo y se estacionó a una orilla. Martin empezó a besar a Carmen y a desabrocharle la blusa. Carmen resistió y trató de empujar a Martin. Carmen se enojó y le pidió a Martin que por favor la llevara a casa. Carmen no podía creer que Martin fuera tan insistente. Martin se enojó y estaba confundido por el comportamiento de Carmen. Martin no deseaba enojar a Carmen. ¿Por qué quería irse del baile, entonces?

Imaginen que son Carmen y Martin. Piensen como se está sintiendo cada uno. Después tomen cada parte de su conversación. En la siguiente página, escriban las cosas que Martin podría decirle a Carmen para expresar sus sentimientos. Escriban lo que Carmen podría responder a los comentarios de Martin, de manera firme.

ASUNTO PELIGROSO

Comentarios de Martin	**Respuestas de Carmen**
• ¿Qué te pasa?	• ¡No me pasa nada! Solamente no quiero tener relaciones sexuales contigo, eso es todo!
• ¡De seguro no lo demostraste cuando estábamos bailando!	• ¡Admito que pasé un tiempo maravilloso bailando contigo. Pero bailar y tener relaciones sexuales son dos cosas muy diferentes!
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YOU DECIDE—CLARIFYING VALUES IN AIDS-RELATED SITUATIONS (25 minutes)

This activity gives students additional practice applying the risk assessment skills introduced in Lesson II.

Divide the students into three equal groups. Have the students agree upon a recorder and a reporter for each group.

Assign a different worksheet situation (Situation 1, 2, or 3) to each group. Give a copy of the appropriate worksheet situation to each member of each group (Handouts 15A-15C). Allow the groups 15 minutes to discuss the worksheet questions and to reach consensus on the answers. The recorders must write down the group's responses to the questions.

Once the groups have completed their assignments, the reporter should share his/her group's situation and responses to the questions. Encourage debate among the groups concerning other possible responses. Point out the complexity of the situations. (Refer to the Answer Key that follows the handouts for suggested responses.)

NOTE: This activity can be shortened by doing the activity as a whole class and using just one situation.

YOU DECIDE

Alejandro is enrolled in summer school in Michigan. He will return to Texas with his family after the season is over. Alejandro became good friends with Juan, another migrant student from Florida. Juan had not been feeling very well for a few weeks. Finally, Juan went to see a doctor. He found out that he has HIV infection.

QUESTIONS

1. How do you think Juan is feeling about his bad news? How do you think Alejandro is feeling?

2. Should Juan be allowed to stay in school? If so, should he be allowed to do the following:

   - eat in the cafeteria with other students?
   - attend classes with the other students?
   - play sports?
   - go on field trips in the community?

   Explain your answers.

3. How would you support your best friend if he or she were infected with HIV?

USTEDES DECIDEN

Alejandro está en una escuela de verano en Michigan. Regresará a Texas con su familia cuando se acabe la estación. Alejandro se hace muy amigo de Juan, otro estudiante migratorio de Florida. Juan no se ha estado sintiendo bien las últimas semanas. Finalmente, él va a ver al médico. Descubre que tiene el VIH.

PREGUNTAS

1. ¿Cómo cree que se siente Juan acerca de sus malas noticias? ¿Cómo cree que se siente Alejandro?

2. ¿Se le debe permitir a Juan quedarse en la escuela? De es así, debe serle permitido:

   - ¿Comer en la cafetería con otros estudiantes?
   - ¿Asistir a clases con otros estudiantes?
   - ¿Participar en deportes?
   - ¿Ir en excursiones de la escuela?

   Explique sus respuestas.

3. ¿Cómo apoyaría a su mejor amigo(a) si él o ella tuviera el VIH?

YOU DECIDE

Lupe is an attractive student whose dates are usually a lot older than she. Lupe has had sexual intercourse with most of them. Many of these people are dropouts and have no jobs. Some of them do drugs. Lupe's family migrates each year to Washington to pick apples. When the season is over, they go home to the Rio Grande Valley in Texas. Lupe's family visits doctors and gets medicine from across the border in Mexico. Some of the vitamins and medicines they take must be shot into the body with needles.

QUESTIONS

1. In this situation, who is at risk for HIV infection? What are the risks?

2. If HIV is passed to someone in this situation, what might the following people feel?

   - Lupe
   - Lupe's family members
   - Lupe's sexual partners
   - Lupe's classmates
   - The sexual partners of Lupe's sexual partners

3. What makes Lupe's case different from that of a nonmigrant student? Would these factors make it harder to control the spread of HIV?

USTEDES DECIDEN

Lupe es una estudiante muy atractiva. Siempre sale con hombres mucho mayores y ha tenido relaciones sexuales con casi todos. Muchos han dejado la escuela y no tienen trabajo. Algunos usan drogas. La familia de Lupe emigra cada año a Washington para trabajar con la manzana. Cuando la cosecha se termina, ellos regresan al Valle del Río Grande en Texas. La familia de Lupe consulta a los doctores y obtiene medicinas en México. Algunas de las vitaminas y medicinas que usan deben ser inyectadas con agujas.

PREGUNTAS

1. ¿En esta situación, quién está en riesgo de infectarse con el VIH? ¿Cuáles son los riesgos?

2. Si el VIH se transmite en esta situación, ¿cómo se sentirían las siguientes personas?

   - Lupe
   - La familia de Lupe
   - Los compañeros sexuales de Lupe
   - Los amigos de Lupe de la escuela
   - Los compañeros sexuales de los compañeros sexuales de Lupe

3. ¿Qué hace el caso de Lupe diferente al caso de un estudiante no-migratorio? ¿Podrían esos factores hacer más difícil el control de diseminación del VIH?

YOU DECIDE

Maria and Jaime have known each other since elementary school. They have been going together for about two years. They love each other very much. They have had sexual intercourse a few times, but only with each other. They have not used any protection, such as condoms or other birth control, like "the pill."

Maria is worried about getting pregnant. She does not want to take any more chances. One night, she and Jaime agree they want to have sex. But Maria tells Jaime that this time she wants him to use a condom. She says she is scared she will get pregnant or get some awful disease. She says, "If you really love me, Jaime, you will use something. You know we are too young to raise a kid. And I sure don't want to get HIV!" Jaime is surprised and confused. He does not know how to feel.

QUESTIONS

1. How do you think Jaime will react?

2. What would you do if you were Jaime? If you were Maria?

3. Do you think Maria should make this request? Why?

4. What could Maria do to keep from getting pregnant?

5. Birth control pills and condoms are used to prevent pregnancy. What can condoms do that birth control pills cannot?

USTEDES DECIDEN

María y Jaime se conocen desde la escuela primaria. Han estado saliendo por casi dos años . Se quieren mucho. Han tenido relaciones sexuales unas veces, pero con ninguna otra persona. Ellos no han usado ninguna protección, tal como los condones o la píldora.

A María le preocupa quedar embarazada. Ella no quiere tomar más riesgos. Una noche, ella y Jaime están de acuerdo en tener relaciones sexuales. Pero María le dice a Jaime que esta vez quiere que él use un condón. Ella dice que tiene miedo de quedar embarazada o infectarse con alguna horrible enfermedad. Ella le dice, "Jaime, si en realidad me amas, usarás algo. Tú sabes que estamos muy jóvenes para tener un hijo. ¡Y no quiero tener el VIH!" Jaime está sorprendido y confuso. No sabe como sentirse.

PREGUNTAS

1. ¿Cómo cree que Jaime reaccionará?

2. ¿Qué haría si fuera Jaime? ¿Si fuera María?

3. ¿Cree que María debería pedir esto? ¿Por qué?

4. ¿Qué podría hacer María para evitar quedar embarazada?

5. Las píldoras anticonceptivas se usan para prevenir el embarazo. ¿Qué pueden hacer los condones que las píldoras anticonceptivas no hacen?

YOU DECIDE
Answer Key

USTEDES DECIDEN
Respuestas

HANDOUT 15A

1. **How do you think Juan is feeling about his bad news?**

   Although he knows that people who have HIV usually die, Juan may be experiencing denial. Other feelings could be fear, frustration, depression, and anger.

   How do you think Alejandro is feeling?

   He, too, may have mixed feelings. He may feel devastated at the thought of his friend's probable death. He may be afraid of being infected with HIV. Anger, frustration, compassion, and confusion are other feelings he might have.

2. **Should Juan be allowed to stay in school? If so, should he be allowed to do the following:**

   - **Eat in the cafeteria with other students?**
   - **Attend classes with other students?**
   - **Play sports?**
   - **Go on field trips in the community?**

   Juan should be allowed to stay in school because HIV is not spread by casual contact. He should be

1. **¿Cómo cree que se siente Juan acerca de sus malas noticias?**

   Aunque sabe que la gente con VIH muere, Juan puede negarse a creerlo. Otros sentimientos pueden ser miedo, frustración, depresión e ira.

   ¿Cómo cree que se siente Alejandro?

   También él puede tener sentimientos mezclados. Se puede sentir devastado al pensar sobre la probable muerte de su amigo. El puede tener miedo de estar infectado con el VIH. Ira, frustración, compasión, y confusión son otros sentimientos que podría tener.

2. **¿Se le debe permitir a Juan quedarse en la escuela? De ser así, debe serle permitido:**

   - **¿Comer en la cafetería con otros estudiantes?**
   - **¿Asistir a clases con otros estudiantes?**
   - **¿Participar en deportes?**
   - **¿Ir en excursiones de la escuela?**

   Si, se deberá permitirle a Juan quedarse en la escuela porque el VIH no se transmite por contacto casual. Deberá permitírsele allowed to do all of the activities listed above because HIV is passed from one student to another only by sexual intercourse and sharing needles or syringes.

3. **How would you support your best friend if he or she were infected with HIV?**

   Hopefully you would support him or her with compassion, continued friendship, and companionship.

participar en todas las actividades mencionadas porque el VIH se transmite sólo a través de las relaciones sexuales o al compartir agujas y jeringas.

3. **¿Cómo apoyaría a su mejor amigo(a) si él o ella tuviera el VIH?**

   Esperamos que con compasión, amistad y compañerismo.

HANDOUT 15B

1. **In this situation, who is at risk for HIV infection?**

   Lupe and Lupe's sexual partners and family members.

   What are the risks?

   The risks are HIV infection, as well as infection with other STDs, hepatitis B and C, and pregnancy. HIV can be transmitted in this situation through contaminated drug needles (used with illegal or legal drugs and vitamins) and through sexual intercourse.

2. **If HIV is passed to someone in this situation, what might the following people feel?**

   - **Lupe**
   - **Lupe's family members**
   - **Lupe's sexual partners**
   - **Lupe's classmates**
   - **The sexual partners of Lupe's sexual partners**

1. **¿En esta situación, quién está en riesgo de infectarse con el VIH?**

   Lupe, sus compañeros sexuales y su familia.

   ¿Cuáles son los riesgos?

   Los riesgos incluyen la infección del VIH, así como de otras enfermedades transmitidas sexualmente, la hepatitis B y la C, el embarazo. El VIH puede ser transmitido a través de agujas contaminadas (usadas con drogas o vitaminas) y a través de las relaciones sexuales.

2. **Si el VIH se transmite en esta situacíon, ¿cómo se sentirián las siguientes personas?**

   - **Lupe**
   - **La familia de Lupe**
   - **Los compañeros sexuales de Lupe**
   - **Los amigos de Lupe de la escuela**
   - **Los compañeros sexuales de los compañeros sexuales de Lupe**

If Lupe, Lupe's family members, or Lupe's sexual partners were responsible for infecting others, they would probably feel guilty. All parties may experience denial, as well as anger, frustration, depression, or compassion.

3. What makes Lupe's case different from that of a nonmigrant student?

If anyone, including a migrant student, practices unsafe behaviors, he or she is at risk of HIV infection.

Many farmworker families do not have access to health care. Their families may be more likely to obtain medical services and supplies in Mexico where medical care and medicines are cheaper. Needles are sometimes shared to save money.

Students who travel during the school year often miss health education classes that teach them the dangers of HIV infection and other STDs. Although the graduation rate has significantly improved over the past 20 years, a large number of migrant students drop out of school before graduation.

Si Lupe, los familiares de Lupe, o los compañeros sexuales de Lupe fueran responsables de infectar a otros, probablemente se sentirían culpables. Todas las personas podrían negarse a creer lo que está sucediendo, también podrían sentir ira, frustración, depresión, o compasión.

3. Qué hace el caso de Lupe diferente al caso de un estudiante no-migratorio?

Si cualquiera, incluyendo a un estudiante migratorio, practica un comportamiento peligroso, él o ella están en riesgo de contraer el VIH.

Muchos estudiantes migratorios no tienen acceso a servicios médicos. Sus familias tienen más probabilidades de obtener estos servicios y medicinas en México, donde son más baratos. A veces se comparten las agujas hipodérmicas para ahorrar dinero.

Los estudiantes que viajan durante el año escolar con frecuencia pierden las clases de educación sobre la salud, donde se les informa de los peligros de infección del VIH y otras enfermedades transmitidas sexualmente. Aunque el porcentaje de graduados ha mejorado significativamente durante los últimos veinte años, un gran número de estudiantes migratorios deja de asistir a la escuela.

Would these factors make it harder to control the spread of HIV?

Yes.

¿Podrían esos factores hacer más difícil el control de diseminación del VIH?

Sí.

Handout 15C

1. **How do you think Jaime will react?**

He might refuse to use a condom because he is angry that Maria has implied he is not faithful and has AIDS. He does not see any need to protect himself against HIV infection because he believes Maria is faithful to him and he is faithful to her. He might not want to use a condom because he does not really think Maria will get pregnant. He might not like condoms because he thinks they are too much bother, are not "manly," do not feel good, or because he does not know much about using them.

On the other hand, he might decide to use a condom when he and Maria have sexual intercourse. Although he is fairly certain she has been faithful, he cannot predict the future and be certain that both of them will never engage in unsafe behaviors. He agrees that they are too young to have children. He might decide to use a condom because he loves Maria and she wants him to use one.

1. **¿Cómo cree que Jaime reaccionará?**

Tal vez se niegue a usar un condón porque María le ha dado a entender que no es fiel y que tiene el SIDA. El no ve ninguna necesidad de protegerse, porque él cree que María es fiel como él es fiel a ella. No desea usar condón porque en realidad no cree que María quede embarazada. Puede que a él no le gusten los condones porque son mucha molestia, no es "de hombre," no se siente bien, o porque no sabe mucho acerca de su uso.

Por otra parte, puede que él decida usar un condón cuando él y María tengan relaciones sexuales. Aunque él está completamente seguro de que ella le ha sido fiel, no puede predecir el futuro y estar completamente seguro de que no van a tener comportamientos arriesgados. El está de acuerdo en que están muy jóvenes para tener hijos. Puede que él decida usar un condón porque él quiere a María y ella le pidió que lo usara.

2. What would you do if you were Jaime?	**2. ¿Qué haría si fuera Jaime?**
If you were Maria?	**¿Si fuera María?**
Opinions will vary.	Las opiniones serán distintas.
3. Do you think Maria should make this request? Why?	**3. ¿Cree que María debería pedir esto? ¿Por qué?**
Ideally, both partners should be concerned about unwanted pregnancy and HIV infection. Maria is within her rights to make the request. It is her responsibility to protect herself.	Idealmente, ambos deberán preocuparse acerca de embarazos no deseados e infección del VIH. María está en su derecho al solicitarlo. Ella es responsable de protegerse a sí misma.
4. What could Maria do to keep from getting pregnant?	**4. ¿Qué podría hacer María para evitar quedar embarazada?**
She could abstain from sexual intercourse. She could use some form of birth control (for example, birth control pills, spermicides, a diaphragm, condoms, or some combination of these). Only condoms, however, give protection from HIV and other STDs. Even if the pill or diaphragm were used to prevent pregnancy, condoms must also be used to prevent HIV.	Se podría abstener de las relaciones sexuales o practicar alguna otra forma de anticonceptivo (por ejemplo: píldoras anticonceptivas, espermicidas, diafragma, condón, o una combinación de ellos.) Sólo los condones ofrecen protección contra el VIH y las ETS. Aún si se usa la píldora o el diafragma para evitar el embarazo, se debe usar el condón para evitar la infección del VIH.
5. What can condoms do that birth control pills cannot?	**5. ¿Qué pueden hacer los condones que las píldoras anticonceptivas no hacen?**
Condoms protect against being infected with an STD, including HIV.	Los condones pueden proteger contra infecciones de las enfermedades transmitidas sexualmente, incluyendo el VIH.

OPTIONAL STUDENT ACTIVITIES

DEAR JUANITA (25 minutes)

This activity gives students additional practice using what they have learned about HIV to make responsible decisions.

Suggested teacher narration:

How many of you read "Dear Abby" in the newspaper? *(Ask for a show of hands.)* For this activity, you will pretend that you are a person like Abby. You will work in small groups. I will give each group a letter to answer as if you were Abby. Only these letters have been written to "Dear Juanita."	¿Cuántos de ustedes leen "Dear Abby" en el periódico?*(Pida que levanten la mano)* En esta actividad, van a imaginarse que son una persona como Abby. Trabajarán en grupos pequeños. Le daré a cada grupo una carta que tendrá que contestar como si fueran Abby. En vez de "Dear Abby," las cartas están dirigidas a "Querida Juanita."

Organize the students into no more than seven groups of four or five students. Instruct each group to select a recorder and a reporter. Give each group a different Dear Juanita scenario (Handouts 16A-16G).

After each letter there is a group of questions:

- What is the problem presented?
- Who is involved? Who will be affected by the advice?
- What risks are involved? To whom?
- What are the possible solutions to this problem?
- What are the pros and cons of the solutions?

Your group should discuss these questions before answering the letter. Your recorder will write down the answers to these questions and your group response to the letter. Your reporter will read to the class both the Dear Juanita letter and your group's answer.	Su grupo debe discutir estas preguntas antes de contestar la carta. El secretario del grupo debe escribir las respuestas a las preguntas y la respuesta del grupo. El secretario de cada grupo leerá la pregunta a Querida Juanita y la respuesta de su grupo a la clase.

You will have 15 minutes to complete this activity. Do you have any questions?	Tendrán 15 minutos para completar esta actividad. ¿Tienen preguntas?

Once students have completed their group assignments, ask each reporter to read his or her group's situation and suggested response. Review aloud the worksheet questions. Then ask if anyone has a different response to the letter in question.

Although student responses to the Dear Juanita letters will vary, key points that the responses should address are included in the "Dear Juanita Answer Key" which follows.

NOTE: There might only be time for two groups to share their letters. If this is the case, the teacher might ask the two groups that seemed most engaged in discussion. Other groups could share their ideas by posting their handout sheets on the bulletin board. All students will enjoy seeing nonconfidential work displayed.

DEAR JUANITA

Dear Juanita,

My parents heard a rumor that my best friend's brother is gay. They told me if I didn't stop running around with him, I would probably get some horrible disease. I like my friend better than anyone I know, but I don't want to be sick. What should I do?

Feeling Lonely

What is the problem presented?

Who is involved? Who will be affected by the advice?

What risks are involved? To whom?

What are the possible solutions to this problem?

What are the pros and cons of the solutions?

Write your response to the letter here (continue on back, if necessary):

QUERIDA JUANITA

Querida Juanita,

Mis padres oyeron un rumor de que el hermano de mi mejor amigo es homosexual. Me dijeron que si no dejaba de salir con mi amigo, probablemente pescaría una enfermedad horrible. Yo aprecio a mi amigo más que a cualquier otro, pero no quiero enfermarme. ¿Qué debo hacer?

Sintiéndome Solitario

¿ Cuál es el problema que se presenta?

¿ Quiénes están envueltos? ¿ Quién se verá afectado por el consejo?

¿ Qué riesgos están incluidos? ¿ Para quién?

¿ Cuáles con las posibles soluciones a este problema?

¿ Cuáles son los pros y contras de las soluciones?

Escriba a continuación su respuesta a la carta (continúe al reverso, si es necesario):

DEAR JUANITA

Dear Juanita,

I've had sex with a prostitute just once. Now I'm scared that maybe I got a disease such as AIDS or something. I'm afraid to tell my parents. I don't feel sick. How can I find out if I'm really OK or not? Don't tell me to talk with my counselor—I'm too embarrassed.

Scared in Syracuse

What is the problem presented?

Who is involved? Who will be affected by the advice?

What risks are involved? To whom?

What are the possible solutions to this problem?

What are the pros and cons of the solutions?

Write your response to the letter here (continue on back, if necessary):

QUERIDA JUANITA

Querida Juanita,

Tuve relaciones sexuales con una prostituta sólo una vez. Ahora tengo miedo de que tal vez me contagié con una enfermedad como el SIDA o algo así. Tengo miedo de decírselo a mis padres. No me siento enfermo. ¿Como puedo saber si estoy sano o no? No me diga que hable con un consejero—me da mucha vergüenza.

Temeroso en Syracuse

¿ Cuál es el problema que se presenta?

¿ Quiénes están envueltos? ¿ Quién se verá afectado por el consejo?

¿ Qué riesgos están incluidos? ¿ Para quién?

¿ Cuáles con las posibles soluciones a este problema?

¿ Cuáles son los pros y contras de las soluciones?

Escriba su respuesta a la carta aquí (continúe al reverso, si es necesario):

DEAR JUANITA

Dear Juanita,

My boyfriend and I really want to have sex. I love him very much and really want to be with him. But I don't want to get pregnant. My boyfriend says it's the girl's job to prevent pregnancy. I don't think that is fair, but I don't know what to say to him to change his mind.

Unprotected in Pensacola

What is the problem presented?

Who is involved? Who will be affected by the advice?

What risks are involved? To whom?

What are the possible solutions to this problem?

What are the pros and cons of the solutions?

Write your response to the letter here (continue on back, if necessary):

QUERIDA JUANITA

Querida Juanita,

Mi novio y yo queremos tener relaciones sexuales. Yo lo quiero mucho y deseo estar con él. Pero no quiero quedar embarazada. Mi novio dice que es la responsabilidad de la muchacha evitar el embarazo. No creo que eso sea justo, pero no sé que decirle para hacer que cambie su manera de pensar.

Sin protección en Pensacola

¿ Cuál es el problema que se presenta?

¿ Quiénes están envueltos? ¿ Quién se verá afectado por el consejo?

¿ Qué riesgos están incluidos? ¿ Para quién?

¿ Cuáles con las posibles soluciones a este problema?

¿ Cuáles son los pros y contras de las soluciones?

Escriba aquí su respuesta a la carta (continúe al reverso, si es necesario):

DEAR JUANITA

Dear Juanita,

I have been going with someone for a long time. My friend says that we can get real close without going all the way. That's fine, I guess, but I'm afraid I won't be able to stop with that. I don't think I can hold out much longer.

Afraid in Alabama

What is the problem presented?

Who is involved? Who will be affected by the advice?

What risks are involved? To whom?

What are the possible solutions to this problem?

What are the pros and cons of the solutions?

Write your response to the letter here (continue on back, if necessary):

QUERIDA JUANITA

Querida Juanita,

He estado saliendo con alguien por mucho tiempo. Mi amigo dice que nos podemos acariciar sin tener que llegar al punto de tener relaciones sexuales. Esta bien, yo creo, pero tengo miedo de no poder parar. No creo que pueda aguantarme por mucho tiempo.

Temerosa en Alabama

¿ Cuál es el problema que se presenta?

¿ Quiénes están envueltos? ¿ Quién se verá afectado por el consejo?

¿ Qué riesgos están incluidos? ¿ Para quién?

¿ Cuáles con las posibles soluciones a este problema?

¿ Cuáles son los pros y contras de las soluciones?

Escriba aquí su respuesta a la carta (continúe al reverso, si es necesario):

DEAR JUANITA

Dear Juanita,

I had sex with a person I dated just once. Now I found out this person does drugs and also has had sex with several other people. I am afraid I may have gotten a disease. I have a drip. Maybe I even have HIV. What can I do?

Depressed in Dallas

What is the problem presented?

Who is involved? Who will be affected by the advice?

What risks are involved? To whom?

What are the possible solutions to this problem?

What are the pros and cons of the solutions?

Write your response to the letter here (continue on back, if necessary):

QUERIDA JUANITA

Querida Juanita,

Tuve relaciones sexuales con una persona con la que salí sólo una vez. Ahora sé que esta persona usa drogas y que también ha tenido relaciones sexuales con otra gente. Tengo miedo de haber contraído una enfermedad. Tengo un flujo. Quizás que tenga el VIH. ¿Qué puedo hacer?

Deprimida en Dallas

¿ Cuál es el problema que se presenta?

¿ Quiénes están envueltos? ¿ Quién se verá afectado por el consejo?

¿ Qué riesgos están incluidos? ¿ Para quién?

¿ Cuáles con las posibles soluciones a este problema?

¿ Cuáles son los pros y contras de las soluciones?

Escriba aquí su respuesta a la carta (continúe al reverso, si es necesario):

DEAR JUANITA

Dear Juanita,

There's this new guy on the football team who is trying to take over my position. That really makes me feel the pressure! But what really bothers me is that he takes steroids. Lots of my friends on the team use steroids and share needles. I never have. Now they tell me that I will have to start using them if I want to compete. I want to fit in with my friends and not get cut from the team, but I'm scared. Can steroids hurt me? What should I do?

Confused

What is the problem presented?

Who is involved? Who will be affected by the advice?

What risks are involved? To whom?

What are the possible solutions to this problem?

What are the pros and cons of the solutions?

Write your response to the letter here (continue on back, if necessary):

QUERIDA JUANITA

Querida Juanita,

Hay un muchacho nuevo en el equipo de fútbol que está tratando de tomar mi posición. ¡Eso de veras me está haciendo sentir la presión! Pero lo que en realidad me molesta es que él usa esteroides. Muchos de mis amigos en el equipo usan esteroides y comparten las agujas. Yo nunca lo he hecho. Ahora me dicen que si quiero competir tengo que usarlos. Quiero ser como mis amigos y que no me saquen del equipo, pero tengo miedo. ¿Pueden los esteroides hacerme daño? ¿Qué debo hacer?

Confuso

¿ Cuál es el problema que se presenta?

¿ Quiénes están envueltos? ¿ Quién se verá afectado por el consejo?

¿ Qué riesgos están incluidos? ¿ Para quién?

¿ Cuáles con las posibles soluciones a este problema?

¿ Cuáles son los pros y contras de las soluciones?

Escriba aquí su respuesta a la carta (continúe al reverso, si es necesario):

DEAR JUANITA/QUERIDA JUANITA—ANSWER KEY

HANDOUT 16A

Dear Juanita,

My parents heard a rumor that my best friend's brother is gay. They told me if I didn't stop running around with him, I would probably get some horrible disease. I like my friend better than anyone I know, but I don't want to be sick. What should I do?

Feeling Lonely

Being gay does not mean that your friend's brother has HIV. It is not who you are but what you do, that puts you at risk of HIV infection. If he is gay and he practices safe behaviors, he will not get infected with HIV or with other STDs.

Even if your best friend's brother is infected with HIV, you cannot get infected from casual contact with either your friend or his brother.

Querida Juanita,

Mis padres oyeron un rumor de que el hermano de mi mejor amigo es homosexual. Me dijeron que si no dejaba de salir con mi amigo, probablemente pescaría una enfermedad horrible. Yo aprecio a mi amigo más que a cualquier otro, pero no quiero enfermarme. ¿Qué debo hacer?

Sintiéndome Solitario

Ser homosexual no significa que el hermano de tu amigo tiene VIH. Uno no está en riesgo de infectarse con el VIH por ser quien es sino por el comportamiento. Si el muchacho es homosexual y tiene comportamientos seguros no va a contraer ni el VIH ni otras enfermedades transmitidas sexualmente.

Aunque el hermano de tu mejor amigo está infectado con el VIH, no puedes infectarte por tener contacto casual con él o con su hermano.

HANDOUT 16B

Dear Juanita,

I've had sex with a prostitute just once. Now I'm scared that maybe I got a disease such as AIDS or something. I'm afraid to tell my parents. I don't feel sick. How can I find out if I'm really OK or not? Don't tell me to talk with my counselor—I'm too embarrassed.

Scared in Syracuse

If you had sex with a prostitute and did not use a condom, there is a chance that you are infected with an STD, including HIV. Go to your local health clinic. Your local health department could also tell you where to get counseling to help you decide whether or not to be tested for HIV.

Practicing safe behaviors in the future will protect you and others. Abstinence or properly using latex condoms is recommended.

Querida Juanita,

Tuve relaciones sexuales con una prostituta sólo una vez. Ahora tengo miedo de que tal vez me contagié con una enfermedad como el SIDA o algo así. Tengo miedo de decírselo a mis padres. No me siento enfermo. ¿Como puedo saber si estoy sano o no? No me diga que hable con un consejero—me da mucha vergüenza.

Temeroso en Syracuse

Si tuviste relaciones sexuales con una prostituta y no usaste un condón, es posible que te hayas infectado con una enfermedad transmitida sexualmente, incluyendo el VIH. Ve a la clínica de salud pública local. El Departamento de Salud, puede informarte adónde acudir para obtener consejería en cuanto a la decisión de hacerte la prueba del VIH o no.

Practicar comportamientos seguros en el futuro, te protegerá a ti y a otros. Se recomienda la abstinencia o el uso correcto de los condones de látex.

HANDOUT 16C

Dear Juanita,

My boyfriend and I really want to have sex. I love him very much and really want to be with him. But I don't want to get pregnant. My boyfriend says it's the girl's job to prevent pregnancy. I don't think that is fair, but I don't know what to say to him to change his mind.

Unprotected in Pensacola

Both men and women have responsibility for practicing sexual behaviors that protect them against HIV infection and pregnancy. If you and your partner cannot discuss this openly, you are not ready to have sexual intercourse.

Do you feel emotionally mature enough to handle the intimacy of a sexual relationship? Or are you feeling pressured by your boyfriend to have intercourse before you are really ready? Could he be suggesting sex because he thinks he ought to?

No one should ever pressure another person to have sex before that person feels completely ready. It is important to think in advance how sexual intercourse could affect your relationship.

The pill, IUD, and diaphragm protect against pregnancy, but not against HIV infection and other STDs. Only condoms protect against pregnancy, STDs, and HIV.

HANDOUT 16C (continued)

Querida Juanita,

Mi novio y yo queremos tener relaciones sexuales. Yo lo quiero mucho y deseo estar con él. Pero no quiero quedar embarazada. Mi novio dice que es la responsabilidad de la muchacha evitar el embarazo. No creo que eso sea justo, pero no sé que decirle para hacer que cambie de manera de pensar.

Sin protección en Pensacola

Tanto las mujeres como los hombres deben compartir la responsabilidad de escoger comportamientos sexuales que los protejan contra del VIH y el embarazo. Si tú y tu compañero sexual no pueden hablar sobre esto abiertamente, no están listos para tener relaciones sexuales.

¿Te sientes lo suficientemente madura emocionalmente para bregar con la intimidad de una relación sexual? ¿O estás sintiendo la presión de tu novio para tener relaciones sexuales antes de estar lista?. ¿Es posible que él esté sugiriendo las relaciones sexuales porque cree que debe hacerlo?

Nadie debe presionar a otra persona para que tenga relaciones sexuales antes de que se sienta totalmente lista para esa relación. Es importante pensar antes de hacerlo, cómo se afectará la relación una vez que tengan relaciones sexuales.

La píldora, el anticonceptivo intrauterino y el diafragma, ofrecen protección contra el embarazo pero no contra la infección del VIH o de otras enfermedades transmitidas sexualmente. Sólo los condones protegen contra el embarazo, las enfermedades transmitidas sexualmente (ETS) y el VIH.

HANDOUT 16D

Dear Juanita,

I have been going with someone for a long time. My friend says that we can get real close without going all the way. That's fine, I guess, but I'm afraid I won't be able to stop with that. I don't think I can hold out much longer.

Afraid in Alabama

Your sexual feelings toward your friend are quite normal. Your concern for the welfare of both of you is admirable. This is a situation that many teenagers face, so don't feel alone.

Making a decision to have a sexual relationship with another person is a very personal and serious one. You need to decide what you want in your relationship, while respecting your partner's wishes.

Honest discussion between both partners is important before going any further. Consider the following:

- **how long the relationship is likely to last;**
- **pros and cons of various options, including abstinence, massage, sharing fantasies, and mutual masturbation;**
- **how sexual intercourse could affect the relationship; and**
- **what kind of birth control you will use if you do decide to have sexual intercourse; remember only condoms will protect you from both STDs and pregnancy.**

HANDOUT 16D (continued)

Querida Juanita,

He estado saliendo con alguien por mucho tiempo. Mi amigo dice que nos podemos estar acariciar sin tener que llegar al punto de tener relaciones sexuales. Está bien, yo creo, pero tengo miedo de no poder parar. No creo que pueda aguantarme por mucho tiempo.

Temerosa en Alabama

Sus sentimientos sexuales hacia su amigo son completamente normales. Su interés por el bienestar de ambos es admirable. Es una situación a la que muchos se enfrentan, así que no se sienta sola.

Tomar la decisión de tener relaciones sexuales es algo muy personal y serio. Usted necesita decidir que es lo que desea en su relación mientras que respeta los deseos de su amigo.

Una discusión honesta entre los dos es importante antes de seguir más adelante. Considere lo siguiente:

- **cuanto tiempo durará la relación;**
- **los pros y contras de varias opciones incluyendo abstinencia, los masajes, compartir sus fantasías y la masturbación mutua;**
- **cómo podrían las relaciones sexuales afectar la relación; y**
- **Qué tipo de anticonceptivo van a usar si deciden tener relaciones sexuales; recuerde que sólo los condones la protegen tanto contra las enfermedades transmitidas sexualmente (ETS) como contra el embarazo.**

HANDOUT 16E

Dear Juanita,

I had sex with a person I dated just once. Now I found out this person does drugs and also has had sex with several other people. I am afraid I may have gotten a disease. I have a drip. I may even have HIV. What can I do?

Depressed in Dallas

Having a drip or discharge from your genitals often indicates infection with a sexually-transmitted disease (STD) other than HIV. Call today for an appointment at a local health clinic. Most STDs, other than HIV, can be cured, but it is important that they are treated early.

If the person injects drugs, there is a real risk of HIV infection and hepatitis. Injection drug users often share unsterilized needles or syringes.

You should consider being tested for HIV infection. You should, however, speak first with a counselor at a health clinic or an HIV test site.

You have discovered that you were not as careful as you should have been. Practice safe behaviors from now on.

HANDOUT 16E (continued)

Querida Juanita,

Tuve relaciones sexuales con una persona con la que salí sólo una vez. Ahora sé que esta persona usa drogas y que también ha tenido relaciones sexuales con otra gente. Tengo miedo de haber contraído una enfermedad. Tengo un flujo. Quizás que tenga el VIH. ¿Qué puedo hacer?

Deprimida en Dallas

Tener flujo de los órganos genitales con frecuencia indica una infección de una enfermedad transmitida sexualmente (ETS) diferente al VIH. Haga una cita en una clínica local hoy mismo. La mayoría de las ETS, a diferencia del VIH, son curables pero es importante recibir tratamiento inmediatamente.

Si una persona se inyecta drogas, existe un alto riesgo de infectarse con el VIH y de contraer hepatitis. Los que usan drogas con frecuencia comparten agujas o jeringas no esterilizadas.

Usted debe considerar hacerse el examen para la infección del VIH. Sin embargo, debe hablar primero con un consejero en una clínica de salud pública o del lugar donde hacen las pruebas del VIH.

Usted se ha dado cuenta de que no fué tan cuidadosa como ha debido. De ahora en adelante, practique comportamientos que no representen riesgo.

HANDOUT 16F

Dear Juanita,

There's this new guy on the football team who is trying to take over my position. That really makes me feel the pressure! But what really bothers me is that he takes steroids. Some of my friends on the team use steroids and share needles. I never have. Now they tell me that I will have to start using them if I want to compete. I want to fit in with my friends and not get cut from the team, but I'm scared. Can steroids hurt me? What should I do?

Confused

You are wise to be worried about using steroids and sharing needles. Apart from HIV infection, using steroids is very dangerous to your health. Steroids can cause major health problems, as well as big changes in personality.

Anyone who shares needles (for whatever purpose) runs the risk of HIV infection. Sharing needles to inject steroids or anything else is dangerous and life-threatening.

Because of a need to belong to, and feel part of, a group, people sometimes give in to pressures even when they do not agree with what others are doing. Learning how to stand up for what you believe takes practice and commitment. Try being assertive every time someone tries to pressure you into using steroids. After a while, they will see that you mean what you say and will probably leave you alone. Although your wish to compete and belong might be strong, it probably is not as strong as your wish to live. In the long run, what is most important to you?

Try to help others quit taking steroids. Talk to your coach about your concerns.

HANDOUT 16F (continued)

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Querida Juanita,

Hay un muchacho nuevo en el equipo de fútbol que está tratando de
tomar mi posición.  ¡Eso de veras me está haciendo sentir la
presión!  Pero lo que en realidad me molesta es que él usa
esteroides.  Muchos de mis amigos en el equipo usan esteroides y
comparten las agujas.  Yo nunca lo he hecho.  Ahora me dicen que
si quiero competir tengo que usarlos.  Quiero ser como mis amigos
y que no me saquen del equipo, pero tengo miedo.  ¿Pueden los
esteroides hacerme daño?  ¿Qué debo hacer?

                                                     Confuso
```

Es sabio que te preocupes acerca del uso de esteroides y de compartir agujas. Aparte de la infección del VIH, usar esteroides es muy peligroso para la salud. Los esteroides pueden causar problemas médicos grandes además de cambios en la personalidad.

Toda persona que comparte agujas hipodérmicas (por cualquier razón) corre el riesgo de infectarse con el VIH. Compartir agujas para inyectarse esteroides, o cualquier otra cosa, es peligroso, y aun pone en peligro la vida.

Por la necesidad de sentirse parte de un grupo, algunas personas, a veces se rinden a la presión aun cuando no estén de acuerdo con lo que los demás están haciendo. Aprender a ser firme en cuanto a tus valores requiere práctica y convencimiento. Trata de ser firme cada vez que alguien trate de convencerte de usar esteroides. Después de un tiempo se darán cuenta de que de veras está convencido de lo que dices y te van a dejar en paz. Aunque tu deseo de competir y pertenecer al grupo es fuerte, probablemente no es tan fuerte como tu deseo de vivir. Al final de cuentas, ¿qué es lo más importante?

Trata de ayudar a otros a dejar de inyectarse esteroides. Habla con el entrenador acerca de tus preocupaciones.

SELF-PORTRAIT
(20 minutes if homework; 45 minutes if done in class)

This is an esteem-building activity. Students can focus on their positive attributes and uniqueness by creating a collage of themselves and their lives. At this point in the curriculum, students should have a good grasp of the facts about HIV and AIDS. Knowing the facts, they are aware of the degree to which they have practiced unsafe behaviors that could have put them at risk of HIV infection. The safe behaviors that they are already practicing should have been reinforced. Providing an opportunity for students to feel good about themselves and to feel special is essential.

Completed self-portraits can be placed in a three-ring notebook that serves as the class autobiography. Alternately they could be displayed as a class collage or mural. In either case, the portraits should be exhibited prominently. Displaying students' creations will increase their self-esteem.

This activity can comprise at least one 45-minute class period, if not more. If time does not permit, consider using this as an activity in art class or assigning it for homework. If the assignment is completed at home, give the students the necessary supplies with which to work.

Suggested teacher narration:

Since we have begun our study of AIDS and HIV, we have talked about many things. We have learned about the disease and how it can be spread from one person to another. We have talked about the kinds of behaviors that put people at risk of getting HIV. We have practiced decision-making skills to help us prepare for situations in our own lives that could put us at risk of HIV-infection. Knowing that taking risks is something we do everyday, we have talked about risks that might be good for us and those that might not. We have also taken a closer look at ourselves and at behaviors that could put us at risk of HIV infection.

Desde que empezamos a estudiar el VIH y el SIDA, hemos hablado de muchas cosas. Hemos aprendido acerca de la enfermedad, y de cómo puede pasarse de una persona a otra. Hemos hablado de los tipos de comportamientos que ponen a las personas en riesgo de contagiarse. Hemos practicado cómo tomar decisiones para prepararnos a enfrentar situaciones en la vida que podrían ponernos en riesgo de contraer el VIH. Sabiendo que tomar riesgos es algo que hacemos todos los días, hemos hablado sobre los riesgos que podrían ser buenos y los que podrían no serlo. También tuvimos la oportunidad de examinarnos de cerca y analizar las conductas que nos ponen en riesgo de infectarnos con el VIH.

Write a list of very reckless actions on the chalkboard. You can use the list of students' responses to "Taking Risks is a Part of Living" (Handout 5 from Lesson II). **Then, write this question on the chalkboard next to the list:**

Why do you think people take risks that they know could be very dangerous to them?

¿Por qué creen ustedes que la gente toma riesgos sabiendo que son muy peligrosos para ellos?

Lead the class in a discussion of why people engage in reckless actions.

Would you agree that a person who engages in reckless behavior might be asking for help because he or she feels lonely, unloved, and worthless? People who feel safe and good about who they are usually do not take risks that will hurt them. They take other kinds of risks, the kind that result in opportunities for growth. Taking potentially beneficial risks allows people to grow and mature. When people are successful in taking beneficial risks, they feel good about themselves. Having a positive self-image means feeling good about who you are. This is a very healthy part of human development.

¿Estarían de acuerdo en decir que la persona que participa en comportamientos peligrosos podría estar pidiendo ayuda porque se siente sola, sin amor, o sin valor? Las personas que se sienten bien y seguras de sí mismas, por lo general no toman riesgos que les causan daño. Toman otro tipo de riesgos, los que tienen como resultado oportunidades. Tomar riesgos beneficiosos les permite a las personas desarrollarse y madurar. Cuando tenemos éxito al tomar riesgos beneficiosos, nos sentimos bien. Tener una imagen positiva de sí mismo significa sentirse bien acerca de la propia identidad. Es una parte muy sana del desarrollo humano.

Sometimes people try to make others feel like a zero. In this next activity, you will work on feeling like tens. Everyone needs encouragement and occasional reminders that they are unique, special, and wonderful individuals. Although no one is perfect, everyone has qualities, talents, or characteristics that are valuable.

A veces hay personas que tratan de hacernos sentir como un cero a la izquierda. En la siguiente actividad, vamos a trabajar en sentirnos lo mejor posible. Todos necesitamos que nos animen y que a veces nos recuerden que somos individuos únicos, especiales y maravillosos. Aunque nadie es perfecto, todos tenemos cualidades, talentos o características valiosas.

Explain the self-portrait assignment:

For this assignment you will create a self-portrait. This self-portrait will show wonderful things about you. The portrait can include both things you have already done (awards won, trips made, your friends) and things that you dream of doing in the future.

You will begin working during this class period but you will have _____ days *(at teacher's discretion)* to complete this assignment. If you want to work with a friend or in a group, that is fine. Take care in creating your self-portrait because each of you is a very worthwhile human being. You are worth the time! I expect your portraits to be colorful and thoughtful.

Your work is not going to be compared with that of other students. All of your self-portraits will be accepted as they are because they represent you—and each of you is a very important person. We will display your portrait, so take care with your project and do the best that you can.

Quiero que hagan un autorretrato. Este autorretrato mostrará las cosas buenas acerca de cada uno de ustedes. Puede incluir cosas que ya hayan hecho (honores que hayan recibido, viajes que hayan hecho, amigos, etc.); y cosas que hayan soñado hacer en el futuro.

Empezarán durante esta clase pero tendrán ________ días *(a discreción de la maestra)* para completar esta tarea. Está bien si trabajan con un amigo o en grupo. ¡Tengan cuidado con su autorretrato porque cada uno de ustedes es un ser humano útil y que vale la pena! Espero retratos llenos de colores y hechos con mucho cuidado.

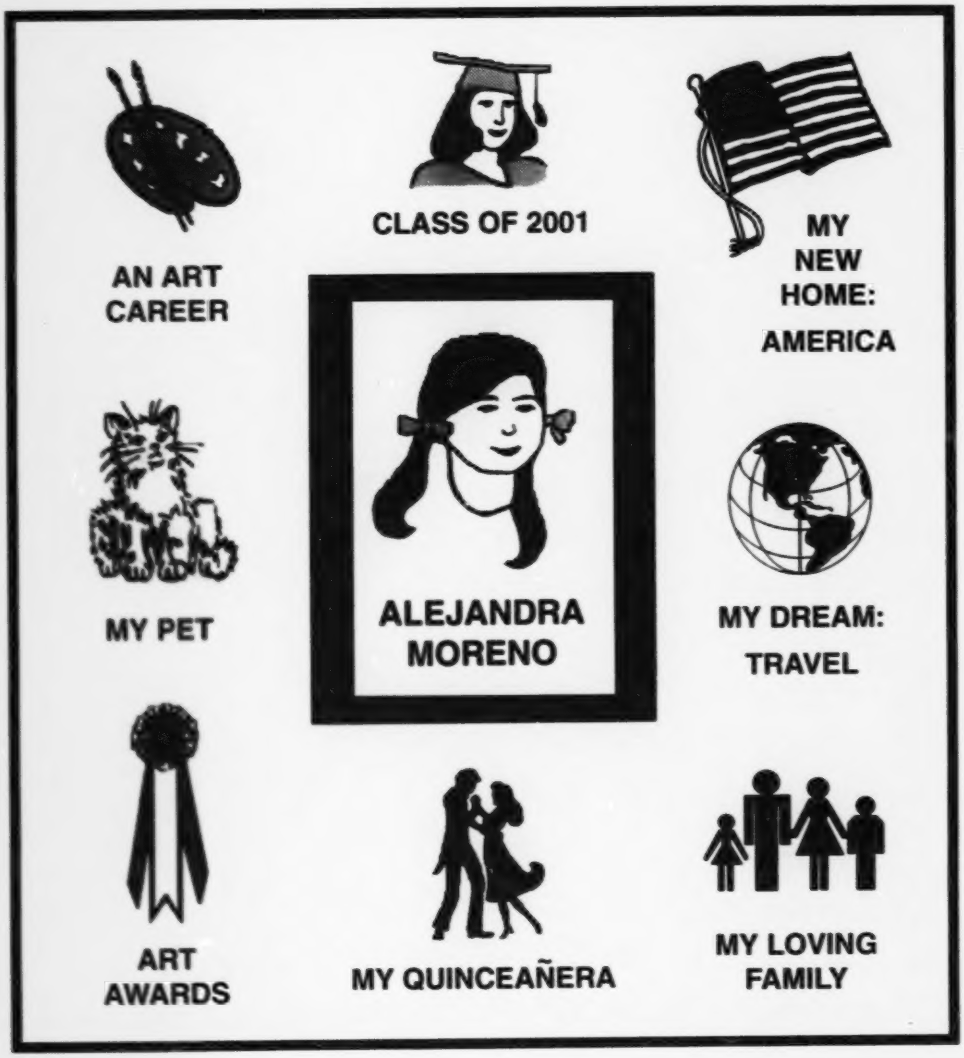
Su trabajo no va a ser comparado. Todos sus autorretratos serán aceptados como sean porque los representan a ustedes. Y cada uno de ustedes es una persona muy importante. Los pondremos en exhibición, así que tengan cuidado con su proyecto y hagan lo mejor que puedan.

Model the activity using yourself as an example. List values and events that would go into making your self-portrait. Or, create a self-portrait of an imaginary student to illustrate the process. As an example, you could project the sample self-portrait transparency. You could also suggest that students think of adjectives that describe themselves beginning with each letter of their names. Additionally, you might take a photograph of each student to be included in the self-portraits.

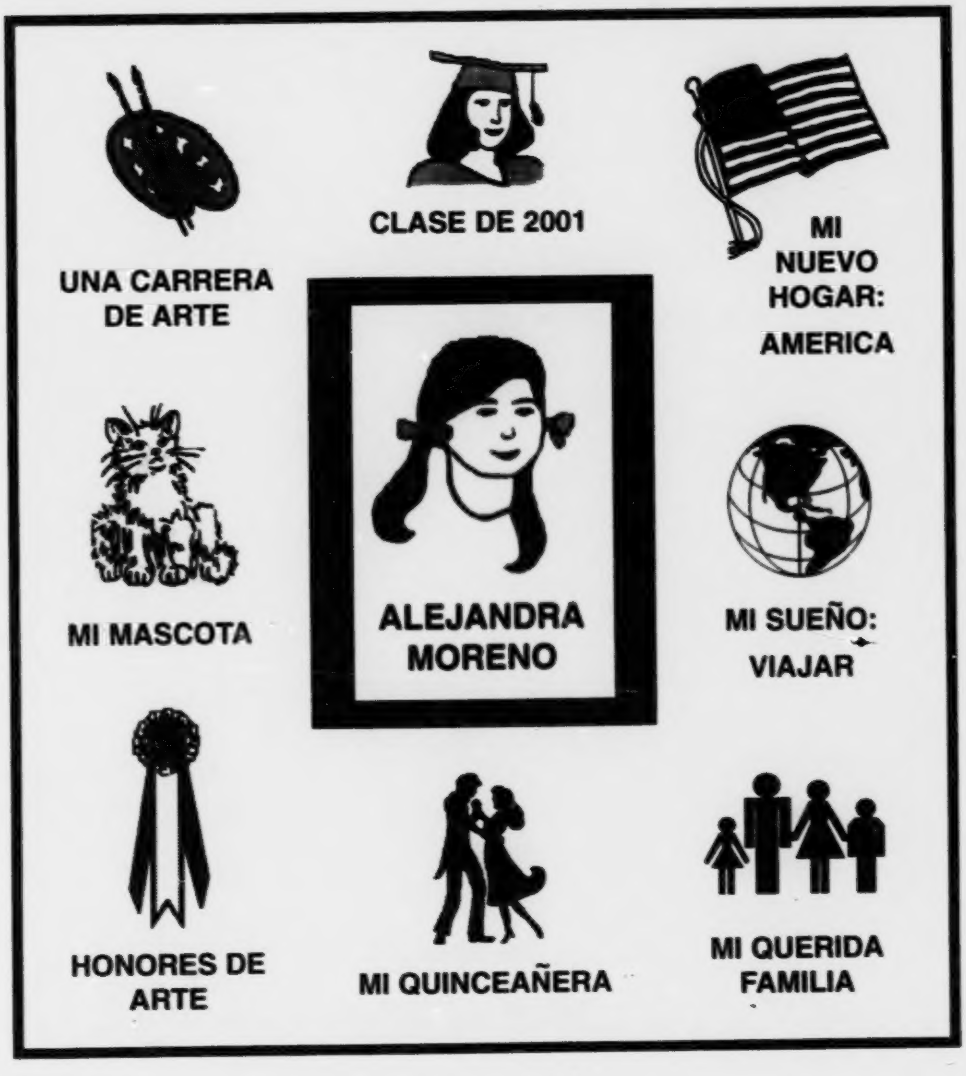
The students may work individually or in groups. Cooperative learning can be used. Let students help each other with the ideas and drawings. Distribute various art supplies to the students for their use.

After students have completed their self-portraits, take time for volunteers to share them with the class. Students will undoubtedly learn many new things about each other (as will you), resulting in greater respect and appreciation.

SELF-PORTRAIT


AN ART CAREER
CLASS OF 2001
MY NEW HOME: AMERICA
ALEJANDRA MORENO
MY PET
MY DREAM: TRAVEL
ART AWARDS
MY QUINCEAÑERA
MY LOVING FAMILY

AUTORRETRATO


UNA CARRERA DE ARTE
CLASE DE 2001
MI NUEVO HOGAR: AMERICA
MI MASCOTA
ALEJANDRA MORENO
MI SUEÑO: VIAJAR
HONORES DE ARTE
MI QUINCEAÑERA
MI QUERIDA FAMILIA

LESSON V

PROBLEM SOLVING

STUDENT OBJECTIVES

- Learn problem-solving techniques.
- Reinforce decision-making skills.
- Correctly identify high-risk behaviors for HIV transmission.
- Reinforce knowledge about HIV transmission and prevention.

RATIONALE

Students need to learn problem-solving techniques to help them apply their knowledge of HIV to everyday situations that can put them at risk of HIV infection. Practice applying these techniques will help them make healthy decisions in their own lives. The essential facts students have learned about HIV need additional review and reinforcement.

OVERVIEW

In this lesson, students learn a four-step problem-solving technique. In small groups, they are given two HIV-related problems to analyze and solve using this technique. At the end of the lesson, the presurvey from the beginning of the curriculum is re-administered as a postsurvey. In addition to serving as a way to evaluate the curriculum, the postsurvey enables students to see how much they have learned in the five lessons.

An optional activity gives students an opportunity to educate other students about HIV by making HIV awareness posters. This is a creative activity in which students can apply the information they have learned so far.

Teachers are reminded to provide answers to anonymous questions placed in the Question Box.

MATERIALS

Handouts and supplies should be available for all students. The necessary supplies and preparation are summarized in the following table:

	Activity	Supplies
Core Activities	Problem-Solving Steps	Handout 17 (pages 229-230): "Problem-Solving Steps" (1 per student); transparency made from the handout
	Teenagers and HIV	Handouts 18A-18C (pages 233-238): "Teenagers and HIV" (1 per student)
	Everybody is Talking About AIDS	Handout 19 (pages 241-248) : "Everybody is Talking About AIDS—Postsurvey" (1 per student)
Optional Activities	AIDS Awareness Poster Contest	Markers, glue, magazines, scissors, ribbon strips, construction paper, glitter, yarn, etc.

CORE STUDENT ACTIVITIES

A PROBLEM-SOLVING PROCESS (5 MINUTES)[1]

Suggested teacher narration:

This is the final lesson on HIV and AIDS. I hope that you have learned many new things about the virus and how to prevent infection. You know that people get HIV because of what they do—their behavior—not because of who they are. You have learned that some behaviors carry a greater risk of HIV infection than others. You have looked at some of the behaviors that can put people at risk for getting HIV.

In this lesson, you will solve problems. You will be using the information and skills you have learned in the other four lessons. Before you practice solving problems, we are going to learn four steps for solving a problem.

Esta es la última lección sobre el VIH y el SIDA. Espero que hayan aprendido muchas cosas nuevas acerca del virus y sepan cómo evitar su diseminación. Ustedes saben que el VIH se contrae por lo que se hace—el comportamiento—no por quién se es. Han aprendido que algunos comportamientos conllevan un mayor riesgo de infección de VIH que otros. Han visto algunos comportamientos que aumentan el riesgo de contraer el VIH.

En esta lección, van a resolver problemas. Ustedes usarán la información y las destrezas que han aprendido en las otras cuatro lecciones. Antes de practicar cómo resolver problemas, vamos a revisar cuatro pasos para resolver problemas.

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[1] Adapted from William L. Yarber, *AIDS: What Young Adults Should Know*, American Alliance for Health, Physical Education, Recreation, and Dance, Reston, VA, 1989.

Give each student a copy of "Problem Solving Steps" (Handout 17). Using it also as a transparency, read aloud each of the four steps (or have a volunteer read them).

These are the four basic steps to follow in solving any problem. They are not, however, in the order in which one should do them. I want you to figure out what order the steps should be in. In other words, which of these steps is the first step to take in solving a problem? *(Find out what the problem is.)* Let's read through the other steps to be sure you understand what they mean.

Working by yourself, put these problem-solving steps in order. Afterwards we will go over them as a class and agree on the order.

Estos son los cuatro pasos que se deben seguir al resolver cualquier problema. Sin embargo, no están en el orden en el que se deben usar. Quiero que descubran en qué orden deberían estar los pasos. En otras palabras, ¿cuál de estos pasos es el primero que se debe tomar al resolver un problema? *(Entérese de cuál es el problema.)* Vamos a leer los otros pasos para asegurarnos de que entienden lo que significan.

Trabajando individualmente, pongan en orden los pasos para resolver el problema. Después vamos a repasarlos en grupo, y nos pondremos de acuerdo en cuál es el orden correcto.

Allow students two minutes to complete the task. Review the steps as a class. If students suggest a step that is out of order, encourage the other students to correct the inaccuracy. Allow them to work through the problem and monitor their own accuracy. The correct order is:

Step #1:	Find out what the problem is.	Paso #1:	Entérese de cuál es el problema.
Step #2:	Find out the important facts about the situation.	Paso #2:	Entérese de cuáles son los hechos importantes acerca de la situación.
Step #3:	Brainstorm possible actions.	Paso #3:	Comparta ideas sobre las posibles medidas.
Step #4:	Choose the best solutions.	Paso #4:	Escoja la mejor solución.

PROBLEM-SOLVING STEPS

Directions: Below are four steps for solving problems. They are out of order. Decide which order they should be in, from first to last. Write the correct number (1, 2, 3, or 4) in the blank next to the step it matches. (For example, write "1" for the first step, "2" for the second step, etc.)

STEP NUMBER.	PROBLEM-SOLVING STEP
____	Brainstorm the possible actions.
____	Find out the important facts about the situation.
____	Find out what the problem is.
____	Choose the best solution.

PASOS PARA RESOLVER UN PROBLEMA

Instrucciones: Abajo están cuatro pasos para resolver problemas. No están en orden. Decida el orden en que deberían estar, de primero a último. Anote el número correcto (1,2,3, o 4) en el espacio en blanco en seguida del paso que le corresponde. (Por ejemplo, anote "1" por el primer paso, "2" por el segundo paso, etc.)

PASO NUMERO	PASOS PARA RESOLVER UN PROBLEMA
_____	Comparta ideas de las posibles medidas.
_____	Entérese de cuáles son los hechos importantes acerca de la situación.
_____	Entérese de cuál es el problema.
_____	Escoja la mejor solución.

TEENAGERS AND HIV (20 minutes)[2]

Suggested teacher narration:

> You are now ready to solve some problems. For this activity, you will be working in groups. You will solve the problem as a group. You will have to agree on a solution. Choose a recorder who will write down your solution to the problem. Your reporter will share your group's solution with the rest of the class.

> Ahora están listos para solucionar algunos problemas. Durante esta actividad trabajarán en grupos. Van a solucionar el problema como grupo. Tendrán que estar de acuerdo sobre la solución. Escogerán un secretario que escribirá su solución al problema. Su secretario compartirá la solución de su grupo con el resto de la clase.

Divide the students into groups of four to six. Have each group choose a recorder to write down the group's comments and a reporter to speak for the group to the class.

Read aloud (or ask a student to read aloud) the problems described in "Teenagers and HIV" (Handouts 18A, 18B, and 18C). Answer any questions the students might have. Allow each group to choose which worksheet problem it wishes to address. Remind the groups that they are to follow the problem-solving steps before they come to a consensus on a solution. Tell them they will have ten minutes to complete the worksheets. Their reporters will then share the solutions with the class.

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[2] Adapted from William L. Yarber, *AIDS: What Young Adults Should Know*, American Alliance for Health, Physical Education, Recreation, and Dance, Reston, VA, 1989.

Wrap up this activity by discussing the following questions with the entire class:

Do you think these situations could have really happened?	¿Creen que estas situaciones podrían haber sucedido realmente?
What makes people react to HIV infection and AIDS such as Julia and Marcos' family did? *(Possibly fear, anger, lack of knowledge, etc.)*	¿Qué hace a la gente reaccionar al VIH y el SIDA de la manera en que la familia de Julia y Marcos lo hicieron? *(Posiblemente temor, ira, falta de conocimiento, etc.)*
How do you think you would react if Marcos were your brother or your son?	¿Cómo cree que reaccionaría usted si Marcos fuera su hermano? ¿Su hijo?
How do you think Marcos felt about his family's reaction? *(Although he might have expected this kind of reaction, he still probably felt hurt and alone.)* How would you feel if you were in Marcos' position?	¿Cómo creen que se sintió Marcos acerca de la reacción de su familia? *(Aunque pudo haber estado esperando este tipo de reacción, probablemente se siente solo y herido.)* ¿Cómo se sentiría usted si estuviera en el lugar de Marcos?
How do you think Jesse was feeling about the situation? *(Confused, uncertain, scared.)*	¿Cómo creen que se estaba sintiendo Jesse acerca de esta situación? *(Confuso, inseguro, temeroso.)*
Do you think most students your age would know what to do if they were in Jesse's position?	¿Creen que la mayoría de los estudiantes de su edad sabrían qué hacer si estuvieran en el lugar de Jesse?
Do you think boys feel pressured to have sex?	¿Ustedes creen que los muchachos sienten presión para tener relaciones sexuales?
From whom does that pressure come? other boys? the media? girls?	¿De quién viene la presión? ¿De otros muchachos? ¿De los medios de comunicación? ¿De las muchachas?
How do you imagine Carla feels?	¿Cómo creen ustedes que se siente Carla?

TEENAGERS AND HIV

Problem #1

Julia's older brother, Marcos, injects drugs. He has just found out that he has AIDS. Julia was the only one in the family who knew that he has a drug problem. She loves her brother very much. She wants to help and support him. The rest of the family, however, is very upset by the news that Marcos is addicted to illegal drugs and that he has AIDS. They ignore him. They do not call or visit him. They do not even talk about him anymore.

Solving the Problem

1st Step: What is the problem?

2nd Step: What are the important facts about the situation?

3rd Step: What are the possible actions?

4th Step: What is the best solution?

LOS JOVENES Y EL VIH

Problema #1

Marcos, el hermano mayor de Julia, se inyecta drogas. Acaba de descubrir que tiene el SIDA. Julia era la única de la familia que sabía que él tenía un problema de droga. Ella quiere mucho a su hermano. Quiere ayudarlo y apoyarlo. Sin embargo, el resto de la familia está muy trastornada con las noticias de que Marcos es adicto a las drogas y que tiene el SIDA. Ellos lo ignoran. No lo llaman ni lo visitan. Ellos ni siquiera hablan más de él.

Para resolver el problema

Paso #1: ¿Cuál es el problema?

Paso #2: ¿Cuáles son los hechos importantes acerca de la situación?

Paso #3: ¿Cuáles son las posibles medidas?

Paso #4: ¿Cuál es la mejor solución?

TEENAGERS AND HIV

Problem #2

Jesse has had sexual intercourse with only a few people. Jesse does not know if any of them are infected with HIV. Jesse wants to have sexual intercourse in the future and wonders what is necessary to keep from getting HIV.

Solving the Problem

1st Step: What is the problem?

2nd Step: What are the important facts about the situation?

3rd Step: What are the possible actions?

4th Step: What is the best solution?

LOS JOVENES Y EL VIH

Problema #2

Jesse ha tenido relaciones sexuales solamente con unas pocas personas. Jesse no sabe si alguno de ellos estaba infectado con el VIH. Jesse desea tener relaciones sexuales en el futuro y se pregunta qué se necesita para evitar infectarse con el VIH.

Para resolver el problema

Paso #1: ¿Cuál es el problema?

Paso #2: ¿Cuáles son los hechos importantes acerca de la situación?

Paso #3: ¿Cuáles son las posibles medidas?

Paso #4: ¿Cuál es la mejor solución?

TEENAGERS AND HIV

Problem #3

Heriberto has never had sex before. His friends, though, are always talking about it. Heriberto has a steady girlfriend, Carla. His friends are always asking him when he's going to "do it." They tease him and tell him that the girls really want the boys to "do it" with them. They say that if Heriberto doesn't have sex, Carla might find another boyfriend. Heriberto is confused. He knows Carla likes him a lot, but he is worried that what his friends say is true. He also feels a lot of pressure to be "one of the guys."

Solving the Problem

1st Step: What is the problem?

2nd Step: What are the important facts about the situation?

3rd Step: What are the possible actions?

4th Step: What is the best solution?

LOS JOVENES Y EL VIH

Problema #3

Heriberto nunca ha tenido relaciones sexuales. Sin embargo, sus amigos se la pasan hablando de eso. Heriberto tiene novia, Carla. Sus amigos siguen preguntándole que cuándo va a "hacerlo." Lo molestan y le dicen que las muchachas en realidad quieren que los muchachos "lo hagan" con ellas. Dicen que si Heriberto no tiene relaciones sexuales con ella, que Carla podría encontrar otro novio. Heriberto se siente confuso. Sabe que Carla lo quiere mucho, pero le preocupa que lo que sus amigos dicen sea cierto. También siente mucha presión por ser como los demás muchachos.

Para resolver el problema

Paso #1: ¿Cuál es el problema?

Paso #2: ¿Cuáles son los hechos importantes acerca de la situación?

Paso #3: ¿Cuáles son las posibles medidas?

Paso #4: ¿Cuál es la mejor solución?

EVERYBODY IS TALKING ABOUT AIDS—POSTSURVEY (20 minutes)

The purpose of the postsurvey is to assess student knowledge and attitudes after the completion of the instruction.. The results of the presurveys and postsurveys can help you and NCAS evaluate the curriculum. If you submit the surveys to NCAS, the results will be tabulated and returned to you.

If you want to take advantage of this service, return the completed presurveys and postsurveys to National Coalition of Advocates for Students (NCAS), 100 Boylston Street, Suite 737, Boston, MA 02116. Please indicate which activities—core and optional—you taught. If you have any questions about the surveys, call NCAS at (617) 357-8507.

Administer the postsurvey after all teaching is complete. Be sure to collect the postsurveys immediately after students have completed them and before discussion begins again.

Suggested teacher narration:

You are now going to take a postsurvey. You will be asked to respond to the same statements that were on the presurvey that you took at the beginning of Lesson I. Again, THIS IS NOT A TEST. You are not going to be graded on it. Completing this postsurvey will help you see how much you have learned about HIV and AIDS. It will also help the people who wrote these lessons to know whether they have been useful in teaching students.

You will probably be able to complete the worksheet in about five minutes. After I collect the postsurveys, we will go over each of the statements and discuss them together.

En esta ocasión, van a tomar la encuesta posterior. Tendrá la misma información que tenía la pre encuesta que tomaron al principio de la Lección I. Nuevamente, NO ES UNA PRUEBA. No se va a calificar. Contestar esta encuesta posterior les ayudará a saber cuánto han aprendido acerca del VIH y del SIDA. También ayudará a las personas que escribieron estas lecciones a saber si han sido útiles para los estudiantes.

Probablemente ustedes podrán completar la hoja de trabajo en cinco minutos. Después de que yo recoja las encuestas, vamos a repasar cada una de las frases y las examinaremos juntos.

Give each student a copy of "Everybody is Talking About HIV" (Handout 19). Read through the instructions before students begin to

answer the statements. (If you wish NCAS to tabulate the results of the postsurveys for you, be sure to have the students completely fill out the top portion of the postsurvey. A numerical or other identifier for each student is needed to match up the presurveys with the postsurveys.)

Have the students complete the postsurvey and collect them immediately afterward.

Review the postsurvey statements by reading (or have student volunteers read) each statement and discussing the answers (from the Answer Key in Lesson I, pages 51-63). Remember that statements #18, #19, and #20 are discussion questions.

Conclude the activity by doing the following:

- answering any unanswered questions the students have;
- answering any questions that are in the Question Box;
- providing an opportunity for students to make comments about what they have learned through these lessons.

EVERYBODY IS TALKING ABOUT AIDS

Postsurvey

Directions: Please fill in the information requested below before you respond to the presurvey.

NOTE: Use the same code you used when you completed this same survey in the beginning of our unit on HIV. This way no one will know who filled out which survey, but we can see how much you learned or changed your opinions during the course of this unit.

Student Code: ______________ Check one: ☐ Male ☐ Female

Grade: ____ Age: ____ Place of Birth: ____________________
(Name of Country or Territory)

Ethnic Background (check one):

☐ Latino/Hispanic Country of family's origin___________

☐ White/Non-Hispanic

☐ Asian

☐ African American/Black (non-Haitian)

☐ Haitian

☐ Native American (non-Hispanic)

☐ Multiracial

☐ Other ____________________

Teacher Name: ________________________
(Last Name)

Everybody Is Talking About AIDS—Postsurvey

Directions: THIS IS NOT A TEST. You will not be graded. Please answer honestly.

Your answers will show whether these lessons helped you learn About AIDS.

Read each statement. If you think the statement is true, circle TRUE. If you think the statement is false, circle FALSE. Some statements ask for your opinion. If you agree with the statement, circle AGREE. If you do not agree with the statement, circle DISAGREE.

1. HIV causes AIDS.

   TRUE FALSE

2. Only gay men get AIDS.

   TRUE FALSE

3. Women buy almost as many condoms as men.

   TRUE FALSE

4. Even if teenagers get HIV, they probably won't die.

   TRUE FALSE

5. HIV can be passed by kissing on the mouth.

   TRUE FALSE

6. Men cannot get HIV if they have sexual intercourse only with women.

   TRUE FALSE

7. A condom can be used over and over again.

   TRUE FALSE

8. You have to be an adult to buy condoms.

   TRUE FALSE

9. You can tell by looking if a person is infected with HIV.

   TRUE FALSE

10. Latex condoms give good protection against HIV.

TRUE FALSE

11. There is a blood test for HIV infection but not for AIDS.

TRUE FALSE

12. You can get HIV from toilet seats.

TRUE FALSE

13. There is no cure for HIV infection or for AIDS.

TRUE FALSE

14. You can get HIV from oral sex.

TRUE FALSE

15. You can get HIV from donating blood.

TRUE FALSE

16. You can get HIV from sharing needles.

TRUE FALSE

17. Vaseline destroys condoms.

TRUE FALSE

18. Teenagers feel that if their friends are having sex, they should have sex, too.

AGREE DISAGREE

19. The best way for teenagers to prevent HIV infection is not to have sex.

AGREE DISAGREE

20. It is not manly to use condoms.

AGREE DISAGREE

TODO EL MUNDO ESTÁ HABLANDO ACERCA DEL SIDA

Post Encuesta

Instrucciones: Favor de completar la información requerida abajo antes de responder a la encuesta.

NOTA: Use el mismo código que usó al comienzo de la unidad sobre el VIH. De esta forma nadie sabrá quién contestó la encuesta, pero podremos saber cuánto aprendieron o si cambiaron sus opiniones durante esta unidad.

Número: ______________

Marque con una "X": ☐ Hombre ☐ Mujer

Grado: ___ Edad: ___ Lugar de Nacimiento: ____________________
(Nombre del país o territorio)

Grupo étnico (marque con una "X"):

- ☐ Latino/Hispano
  País del origin familiar__________
- ☐ Blanco/No Hispano
- ☐ Asiático
- ☐ Afroamericano/Negro (No-Haitiano)
- ☐ Haitiano
- ☐ Indígena americano (No-Hispano)
- ☐ Multiracial
- ☐ Otro ____________________

Nombre del (la) Maestro(a): ____
(Apellido)

Instrucciones: NO ES UN EXAMEN. No se va a calificar. Por favor responda con honradez.

Sus respuestas van a indicar si estas lecciones le ayudaron a aprender acerca del SIDA.

Lea cada frase. Si cree que la frase es cierta, haga un círculo alrededor de la palabra CIERTO. Si cree que es falsa, haga un círculo alrededor de FALSO. Algunas frases piden su opinión. Si está de acuerdo, ponga el círculo alrededor de la palabra ACUERDO. Si no lo está, ponga el círculo alrededor de la palabra DESACUERDO.

1. El VIH causa SIDA.

   Cierto Falso

2. Solamente los hombres homosexuales contraen el SIDA.

   Cierto Falso

3. Las mujeres compran casi tantos condones como los hombres.

   Cierto Falso

4. Aunque contraigan el VIH, los jóvenes probablemente no mueren.

   Cierto Falso

5. EL VIH puede transmitirse por un beso en la boca.

   Cierto Falso

6. Los hombres no contraen el VIH si tienen contacto sexual únicamente con mujeres.

   Cierto Falso

7. Un condón puede usarse varias veces.

   Cierto Falso

8. Es necesario ser mayor de edad para poder comprar condones.

   Cierto Falso

9. Es suficiente ver a una persona para saber si tiene el VIH.

   Cierto Falso

10. Los condones hechos de látex dan buena protección contra el VIH.

    Cierto Falso

11. Existe un examen de sangre para el VIH, pero no para el SIDA.

    Cierto Falso

12. Se puede contraer el VIH de la silla del excusado (inodoro) en el baño.

    Cierto Falso

13. No hay cura para la infección del VIH ni para el SIDA.

    Cierto Falso

14. Se puede ser infectado con el VIH por medio de las relaciones sexuales orales.

    Cierto Falso

15. Se puede contraer el VIH al donar sangre.

    Cierto Falso

16. Se puede ser infectado con el VIH al compartir agujas para inyectarse drogas.

    Cierto Falso

17. La vaselina destruye los condones.

    Cierto Falso

18. Muchos jóvenes creen que si sus amigos están teniendo relaciones sexuales, ellos también deben hacerlo.

    Acuerdo Desacuerdo

19. La forma más segura para que los jóvenes se protejan contra el VIH es no tener relaciones sexuales.

    Acuerdo Desacuerdo

20. Los hombres machos no usan condones.

    Acuerdo Desacuerdo

OPTIONAL STUDENT ACTIVITIES

AIDS AWARENESS POSTER CONTEST (45 minutes)

The purpose of this creative activity is to allow students to apply their knowledge of HIV and AIDS in a way that will communicate to others the facts they have learned. If the students are unable to complete the assignment in the time allowed, they may finish it at home. If they work at home on the posters, however, be sure to provide them with the necessary supplies with which to work.

The art teacher could be asked to sponsor this activity. This alternative might be particularly desirable because of time constraints in the regular class. It would also incorporate HIV education into another content area.

Suggested teacher narration:

You have completed many activities to learn about HIV and AIDS. Why do you think we are doing these lessons? *(Encourage responses.)* One of the most important reasons is because I care very much about what happens to you. I want to help you learn the facts so that you can be safe from this terrible disease. Do you think that most people in the world know the facts about HIV and AIDS? *(Probably not.)*	Hemos hecho muchas actividades para aprender del VIH y del SIDA. ¿Por qué creen que estamos trabajando en estas lecciones? *(Anímelos a responder.)* Una de las razones más importantes es porque también me importa mucho lo que les suceda a ustedes. Quiero ayudarlos a que aprendan la verdad para que puedan evitar esta terrible enfermedad. ¿Creen ustedes que la mayoría de la gente en el mundo sabe la verdad acerca del VIH y del SIDA? *(Probablemente no.)*
What are some ways that people are learning the facts about HIV and AIDS? *(Written material, TV or radio public service announcements, personal experiences, etc.)*	¿Cuáles son algunas de las maneras en que la gente está aprendiendo del VIH y del SIDA? *(Materiales escritos, anuncios al servicio del público por televisión o radio, experiencias personales, etc.)*
How many of you have seen TV ads about AIDS or HIV? What messages do the ads send? *(Facts*	¿Cuántos de ustedes han visto anuncios de televisión acerca del VIH o SIDA? ¿Qué mensaje están

about the disease, prevention, consequences of our behaviors, etc.)

Why do you think these ads or announcements are on TV? *(To help educate people and to encourage them to behave in a safe and responsible manner.)*

How many of you know people who do not know all the facts you do about HIV? *(Ask for a show of hands.)*

Do you think teenagers would rather have other teenagers or adults teach them about HIV? *(Probably other teens.)*

In this activity, you will have a chance to help others learn about HIV and AIDS by creating posters. We will have an AIDS awareness poster contest. You can use the posters you create to share accurate information with others. Your poster should contain information on how HIV is and is not spread. The poster could also contain information on how to prevent HIV from spreading. You can put your message in Spanish or in English. You may use any materials you wish to design it. The poster can be funny or serious, but it must convey an accurate message to others.

Your posters will be displayed in the school or somewhere in the community. A panel of judges will

tratando de darnos? *(Detalles sobre la enfermedad, prevenció, consecuencias del comportamiento, etc.)*

¿Por qué creen que están pasando esos anuncios por televisión? *(Para ayudar a educar a las personas y para animarlas a comportarse de manera segura y responsable.)*

¿Cuántos de ustedes conocen a personas que no saben lo que ustedes saben acerca del VIH? *(Pida que levanten la mano.)*

¿Creen ustedes que los jovenes prefieren que otros jovenes les enseñen sobre el VIH en vez de adultos? *(Probablemente otros adolescentes.)*

En esta actividad van a tener la oportunidad de ayudar a otras personas a aprender acerca del VIH y del SIDA creando carteles o afiches. Vamos a tener un concurso de carteles informativos del SIDA. Pueden usar los carteles para compartir una información precisa con otras personas. Sus carteles deberán incluir información sobre cómo se transmite o no el VIH. También, podrá dar información de como evitar el VIH. Pueden poner su mensaje en español o en inglés. Podrán usar cualquier clase de materiales para sus carteles. Puede ser en broma o en serio, pero deberá comunicar un mensaje preciso.

Sus carteles serán exhibidos en la escuela y en otros lugares de la comunidad. Un panel de jueces decide which posters will receive awards.

If you are unable to complete this activity during this class period, you may work on the assignment at home. You may take with you any of these art materials that you will need. If you want to work together with a partner, you may do so. Are there any questions? Good luck!

decidirá cuáles carteles ganarán premios.

Si no pueden completar esta actividad, pueden continuar en su casa. Pueden llevarse cualquier material de arte que necesiten. Si desean trabajar con un(a) compañero(a), pueden hacerlo. ¿Hay alguna pregunta? ¡Buena suerte!

Provide the necessary materials to make the posters and give the students one to three days to complete the assignment.

Posters should be displayed and prizes awarded in such categories as "Most Informative," "Most Creative," etc. Experts in the health field could be asked to judge the posters.

APPENDICES

APPENDIX A

GLOSSARY[1]—ENGLISH

Words that appear in **bold type** are those found in the scripted teacher comments or the student materials of this curriculum.

abstinence - Choosing not to engage in certain behaviors, like sexual intercourse or using drugs.

acquired - Not inherited.

acquired immunodeficiency syndrome (AIDS) - A deadly illness that is caused by the human immunodeficiency virus (HIV). It damages the body's immune system, which makes the body unable to fight certain infections and cancers.

AIDS - The initials for the illness "acquired immunodeficiency syndrome."

anal intercourse - A sexual act in which the penis is put into a partner's rectum. Anal intercourse is a high-risk behavior for acquiring HIV and sexually transmitted diseases (STDs).

antibodies - Substances (proteins) in the blood produced by the body's immune system that inactivate germs.

anus - The opening of the rectum to the outside of the body.

asymptomatic - Without symptoms; having no feeling of being sick.

bacteria - Microscopic germs, some of which can cause disease.

blood donor - A person who gives blood to be used for a transfusion.

casual contact - Nonsexual body contact including touching, hugging, handshaking, and sitting closely together.

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[1] Adapted from William L. Yarber, *AIDS: What Young Adults Should Know*, American Alliance for Health, Physical Education, Recreation, and Dance, Reston, VA, 1989, and from *Preventing AIDS: A Curriculum for Middle School* and *A Curriculum for Junior/Senior High School Students* developed by Education Development Center, Inc. (EDC) with support from the Division of Adolescent and School Health, Centers for Disease Control and Prevention.

circumcision - The removal of the foreskin of a penis, usually done soon after birth.

civil rights - Legal rights guaranteed to people in the United States by the Bill of Rights, other amendments to the U. S. Constitution, and federal and state laws; the term civil rights usually means fair treatment under the law.

communicable disease - A disease caused by a germ that is passed from one person to another.

condom - A thin, protective cover (sometimes called a "rubber") worn on the penis during sexual activity to prevent STDs, HIV infection, and pregnancy. Condoms are usually made of latex rubber or from animal intestines. Latex condoms offer the best protection against HIV infection.

confidential - Keeping a matter secret; respecting the privacy of others.

diagnose - To identify or name a medical problem by examination and analysis.

discriminate - The act of being partial, biased, or prejudiced; being unfair.

ELISA - A lab test of the serum part of blood, commonly used to find antibodies to HIV. ELISA is short for "enzyme-linked immunosorbent assay."

gay - A male homosexual.

genitals (genitalia) - External sexual organs.

hemophilia - A hereditary condition in which the blood does not clot normally.

heterosexual - A person who is sexually attracted to someone of the other sex.

HIV - The initials for "human immunodeficiency virus."

homophobia - Fear or hatred of people who are homosexual.

homosexual - A person who is sexually attracted to someone of the same sex.

human immunodeficiency virus (HIV) - The name of the virus that causes AIDS.

immune system - The system that defends the body against germs that cause infection.

immunity - Resistance to or protection against a specific infection or disease.

incubation - The period of time between when a person is infected with a germ and when symptoms of the disease appear.

intravenous - Within a vein.

IV - The initials for "intravenous."

IV drug needle - A needle connected to a syringe that is used to inject drugs directly into a vein or into a muscle.

IV drugs - Drugs injected into a vein.

Kaposi's sarcoma - A type of cancer that usually appears as spots on the surface of the skin or other organs. It is one of the opportunistic diseases which people with AIDS sometimes get.

lesbian - A female homosexual.

marijuana - An illegal drug made from the dried leaves of the cannabis plant. The most common way to use marijuana is to smoke it.

monogamous relationship - A relationship with only one sexual partner.

myth - An idea not based on fact.

opportunistic disease or infection- A disease or infection that a person with a weakened immune system could easily catch, but that a healthy person would fight off.

oral sex - Touching a partner's genitals with the mouth.

PCP - The initials for *pneumocystis carinii pneumonia*; an opportunistic infection common among people with AIDS.

peer pressure - The influence that persons of the same age try to make on another person's decisions; such pressure can be healthful or harmful.

penis - A male sexual organ.

PLWA - Person living with AIDS.

pneumocystis carinii pneumonia (PCP) - A form of severe pneumonia that is one of the opportunistic diseases related to AIDS.

prostitute - A person who receives money for having sex with someone.

PWA - The initials for "person with AIDS."

rectum - The last part of the large intestine, ending at the anus.

risk - A possible danger or hazard.

risk behavior - A behavior that might threaten a person's health and increase his or her chances of becoming ill.

saliva - The watery fluid produced by glands that open into the mouth.

self-control - A person's ability to make responsible decisions and choose responsible behaviors that will promote his or her health.

semen - The fluid containing sperm that is expelled from the penis during orgasm.

sexual intercourse - Sexual contact in which one partner inserts his or her penis or tongue into the vagina, anus, or mouth of another person.

sexually transmitted diseases (STD) - Diseases that are passed from person to person during sex, such as gonorrhea and syphilis. HIV is a sexually transmitted disease.

spermicide - An agent that immobilizes or kills sperm; usually in the form of a gel, cream, or foam.

STD - The initials for "sexually transmitted disease."

syringe - A plastic or glass tube with a needle at one end that is used to inject drugs through the skin into a muscle or into the bloodstream.

T-cell - A type of white blood cell.

transfusion - Transfer of the blood of one person to another.

transmitted - Passed from one person to another.

uncircumcised - A penis whose foreskin has not been removed.

unprotected sexual intercourse - Sexual intercourse without a latex condom (barrier) to reduce the risk of HIV infection.

vaccine - A substance given to a person to stimulate immunity to an infectious disease.

vagina - A canal in a woman that leads from the outside of the body to the internal reproductive organs.

vaginal secretions - A liquid discharged into the vagina when a woman is sexually excited.

virus - The smallest organism that can cause disease.

Western blot test - A lab test used to detect HIV antibodies.

white blood cells - Part of the immune system.

GLOSARIO[2]—ESPAÑOL

Las palabras que aparecen **en negrita** son las que se encuentran en los comentarios para la maestra o en los materiales del estudiante de este curriculum.

abstinencia - Escoger no participar en ciertos comportamientos, tales como tener relaciones sexuales o usar de drogas.

adquirido - No hereditario

agujas para drogas intravenosas - Una aguja conectada a una jeringa que se usa para inyectarse drogas directamente en una vena.

AIDS - Las iniciales en inglés para "acquired immunodeficiency syndrome." En español, SIDA "Síndrome de inmuno deficiencia adquirido."

ano - El orificio del recto hacia el exterior del cuerpo.

anticuerpos - Substancias (proteínas) en la sangre producidas por el sistema inmunológico del cuerpo para eliminar gérmenes.

asintomático - Sin síntomas, no sentir trastornos de salud.

Auto control - La capacidad de una persona para tomar decisiones responsables y para escoger comportamientos responsables que promoverán su buena salud.

bacteria - Gérmenes microscópicos, algunos de los cuales pueden causar enfermedades.

célula T - Un tipo de célula blanca de la sangre.

células blancas de la sangre - Parte del sistema inmunológico.

comportamiento de riesgo - Un comportamiento que puede amenazar la salud de una persona y aumentar su posibilidad de enfermarse.

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[2] Adapted from William L. Yarber, *AIDS: What Young Adults Should Know*, American Alliance for Health, Physical Education, Recreation, and Dance, Reston, VA, 1989, and from *Preventing AIDS: A Curriculum for Middle School* and *A Curriculum for Junior/Senior High School Students* developed by Education Development Center, Inc. (EDC) with support from the Division of Adolescent and School Health, Centers for Disease Control and Prevention.

condón - Una delgada cubierta protectora (algunas veces llamada preservativo o caucho) usada en el pene durante actividades sexuales para evitar las enfermedades transmitidas sexualmente (en inglés STDs), la infección del VIH, y el embarazo. Por lo general son de huele (látex) o de intestinos de animal. Los condones de látex ofrecen la mejor protección contra la infección del VIH.

confidencial - Mantener una cosa en secreto o respetar la privacidad de otros.

contacto casual - Contacto no sexual incluyendo tocarse, abrazarse, saludarse de mano y sentarse juntos muy cerca.

derechos civiles - Estos derechos legales otorgados a las personas de los Estados Unidos por la Declaración de Derechos, otras enmiendas a la Constitución de los Estados Unidos y las leyes estatales y federales. Por lo general significa trato justo bajo la ley.

diagnosticar - Identificar o denominar un problema médico por medio de exámenes y análisis.

discriminar - El acto de ser parcial, preferencial, o prejuicioso. Ser injusto.

donador de sangre - Una persona que da sangre para transfusiones.

drogas IV (intravenosas) - Drogas inyectada en una vena.

ELISA - Una sigla en inglés para "enzyme-linked immunosorbent assay." En español, "análisis inmunosorbente ligado a enzimas." ELISA es una prueba de laboratorio de la sangre, comúnmente usada para encontrar anticuerpos del VIH.

enfermedad transmisible - Una enfermedad causada por un germen que se pasa de una persona a otra.

enfermedades transmitidas sexualmente (ETS) - Enfermedades pasadas de persona a persona durante las relaciones sexuales, tales como la gonorrea y la sífilis. El VIH en una enfermedad transmitida sexualmente. En inglés, STD.

espermicida - Un agente que inmoviliza o mata los espermatozoides; usualmente en forma de jalea, crema, o espuma.

gay - Un término en inglés que se usa para un hombre homosexual. En español, "gai" o "del ambiente." Regionalismos negativos: maricón, joto, pato, culero, loca.

genitales - Los órganos sexuales externos.

hemofilia - Una condición hereditaria en la cual la sangre no coagula normalmente.

heterosexual - Una persona que se siente atraída sexualmente a una persona del otro sexo.

HIV - Las iniciales en inglés para "human immunodeficiency virus." En español, VIH (Virus de Inmunodeficiencia Humano).

Homofobia - Odio o temor contra las personas homosexuales

homosexual - Una persona que se siente atraída sexualmente a una persona del mismo sexo.

incubación - El periodo de tiempo entre el momento cuando una persona es contagiada con un germen y cuando los síntomas de la enfermedad aparece.

inmunidad - Resistencia o protección contra una infección o enfermedad específica.

intravenosa - Dentro de una vena

IV - Las iniciales para "intravenosa."

jeringa - Un tubo de vidrio o plástico con una aguja al final que se usa para inyectar drogas a través de la piel en la sangre o un músculo.

lesbiana - Una mujer homosexual.

marihuana - Una droga ilegal hecha con las hojas secas de la planta cannabis. La forma más común de usar la marihuana es fumarla.

mito - Una idea no basada en hechos.

PCP - Las iniciales en inglés para "*pulmonía pneumocystis carinii*." Es una infección oportunista común en las personas con SIDA.

pene - El órgano sexual del hombre.

PLWA - Sigla en inglés para "person living with AIDS". En español es una persona con SIDA.

presión de compañeros - La influencia que las personas de la misma edad tratan de ejercer sobre las decisiones de otra persona; tal presión puede ser saludable o dañina.

prostituta/o - Una persona que recibe dinero por tener relaciones sexuales con alguien.

Prueba Occidental de Manchas - Una prueba de laboratorio para detectar anticuerpos de VIH.

pulmonía pneumocystis carinii (PCP) - Una forma de pulmonía que es una de las enfermedades oportunistas relacionadas con el SIDA.

PWA - Las iniciales en inglés para "person with AIDS." En español, "persona con SIDA".

recto - La última parte de intestino grueso y que termina en el ano.

relaciones sexuales - Contacto sexual que incluye la inserción del pene de una persona en la vagina, el ano, o la boca de otra persona.

relaciones sexuales anales - Un tipo de acto sexual en el cual el pene es insertado en el recto del compañero sexual. Es uno de los comportamientos con mayor riesgo para contagiarse con el VIH y con enfermedades transmitidas sexualmente (en inglés STDs).

relaciones sexuales sin protección - Relaciones sexuales sin un condón de látex (barrera) para reducir el riesgo de infección con el VIH.

relación monógama - Una relación con solamente un compañero sexual.

riesgo - Un posible peligro o amenaza.

saliva - El flujo líquido producido por las glándulas que van hacia la boca.

sarcoma de Kaposi - Un tipo de cáncer que aparece como manchas sobre la superficie de la piel u otros órganos. Es una de las enfermedades oportunistas que la gente con SIDA contrae algunas veces.

secreciones vaginales - El flujo líquido de la vagina cuando la mujer está exitada sexualmente.

sexo oral - Tocar los órganos genitales del (la) compañero(a) sexual con la boca.

semen - El líquido que contiene espermatozoides y que es expulsado por el pene durante el orgasmo.

SIDA - Las iniciales en español para la enfermedad "síndrome de inmunodeficiencia adquirida." En inglés, AIDS.

sistema inmunológico - El sistema que defiende al cuerpo contra los gérmenes que causan infección.

síndrome de inmunodeficiencia adquirida (SIDA) - Una enfermedad mortal que es causada por el virus de inmunodeficiencia humano (VIH). Daña el sistema de inmunidad del cuerpo lo que hace al cuerpo incapaz de luchar contra ciertas infecciones y cánceres.

STD - Las iniciales en inglés para "sexually transmitted diseases." En español, ETS (enfermedades transmitidas sexualmente)

transfusión - Transferencia de la sangre de una persona a otra.

transmitida - Pasada de una persona a otra.

vacuna - Una sustancia que se da a las personas para causar inmunidad a una enfermedad infecciosa.

vagina - Un canal en la mujer que va del exterior de su cuerpo a los órganos reproductores internos.

VIH - Las iniciales para "virus de la inmunodeficiencia humano." En inglés, HIV.

virus - El organismo más pequeño que puede causar enfermedad.

virus de la inmunodeficiencia humana (VIH) - El nombre del virus que causa el SIDA. En inglés, HIV.

APPENDIX B

BACKGROUND INFORMATION ABOUT HIV[1]

This appendix contains background information for teachers on AIDS and HIV. The questions being answered are common ones that students are also likely to ask. It is strongly recommended that you read this material thoroughly.

THE NATURE OF AIDS AND HIV

What is AIDS?

AIDS is the final stage of an infection caused by the human immunodeficiency virus, or HIV. HIV weakens the immune system causing the infected person to develop certain diseases that healthy people do not normally develop or can easily fight off.

What is HIV?

HIV is the human immunodeficiency virus. HIV weakens the body's immune system. HIV is transmitted from an infected person to an uninfected person during anal, vaginal, or oral intercourse; when needles or syringes are shared; and when an infected woman gives birth to or breast-feeds a baby.

How is HIV infection similar to other STDs?
How is it different from other STDs?

HIV infection is a sexually transmitted disease (STD) because it is found in greatest concentration in semen, vaginal fluid, and blood. If one person is infected with HIV, the virus can be passed in these fluids to another person during sexual intercourse.

Similar to other STDs, HIV infection can be prevented by abstaining from sexual intercourse or by having a monogamous relationship with an uninfected partner. The risk can be reduced by using a latex condom during sexual intercourse. Unlike many other STDs, HIV infection cannot be cured.

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[1] Large portions of this appendix are excerpted and/or adapted from *Preventing AIDS: A Curriculum for Middle School and A Curriculum for Junior/Senior High School Students* developed by Education Development Center, Inc., Newton, MA, 1988, with support from the Division of Adolescent and School Health, Centers for Disease Control and Prevention.

Can a person be infected with HIV and not develop AIDS?

It is not known whether or not a person can be infected with HIV and not develop AIDS. Some studies show that more than 50% of those infected with HIV have developed AIDS within 12 years of being infected. More infected persons will develop AIDS over longer periods. Importantly, a person with HIV **can** transmit HIV to others even if he or she has no symptoms.

What is HIV-2?

HIV-2 is a virus which is closely related to HIV-1, the virus that causes AIDS in the United States. HIV-2 has been isolated in Africa and in Africans in Europe and North America. It is transmitted in the same ways as HIV-1 and it causes the same symptoms and illnesses. HIV-2 can be differentiated from HIV-1 only by specific laboratory tests.

SIZE AND ORIGIN OF THE AIDS EPIDEMIC

How big is the HIV problem?

HIV infection is a global epidemic.[1] The U.S. Public Health Service estimates that one million people in the United States are infected with HIV or, in other words, 1 in every 250 persons[2]. More than half a million of them have already developed AIDS—the final stage of infection with the human immunodeficiency virus.[3] The World Health Organization estimates that worldwide more than 20 million people have been infected with HIV since the beginning of the pandemic. This includes over 1.5 million children. More than 4.5 million people have developed AIDS.[4]

Can persons of all ages get HIV?

People of any age can become infected with HIV. In this country, the vast majority of AIDS cases occur among people who are under age forty and are sexually active.[5] Almost twenty percent of all people with AIDS are in their twenties.[6] Because of the long period between infection with HIV and the onset of AIDS, many of these people probably became infected with the virus when they were teenagers. Before the U.S. began screening blood donations in 1985, some persons who received HIV-infected blood transfusions or certain blood concentrates ("clotting factors") became infected with HIV.

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[2] Centers for Disease Control and Prevention, "Estimates of HIV Prevalence and Projected AIDS Cases: Summary of a Workshop, October 31-November 1, 1989," *Morbidity and Mortality Weekly Report*, vol. 39, no. 7, February 23, 1990.

[3] Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, vol. 44, no. 46, November 24, 1995.

[4] World Health Organization Global Programme on AIDS, *World AIDS Day Newsletter*, no. 2, 1995.

[5] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, June 1995.

Even children can get the virus. Most children with HIV infection acquired the virus from their infected mothers during pregnancy or childbirth. Some children became infected from blood transfusions before blood screening began in 1985.

Does HIV affect all races of people?

Yes. Anyone, regardless of race, can acquire HIV if he or she has anal, vaginal or oral sexual intercourse or shares drug injection equipment with an infected person. The epidemic, however, is being acutely felt in poor communities that are disproportionately comprised of people of color. Twelve percent of the United States population is African American, but 34% of people with AIDS are African American. Nine percent of the United States population is Latino, but 17% of people with AIDS are Latino.[7] The vast majority of women and children with AIDS are African American and Latino.[8]

Will HIV wipe out everyone in the world?

No. We have the knowledge to prevent HIV infection. HIV is transmitted through sexual intercourse, direct contact with blood, and from a mother to her child. It is not transmitted through casual contact. One cannot acquire it by being around an infected person, as one can acquire the viruses that cause the common cold. People who know how to protect themselves and act on that knowledge do not have to fear infection.

Where and how did the HIV epidemic start?

No one knows for sure where the HIV epidemic started. Viruses are constantly mutating, as are all organisms. HIV was probably present in some humans earlier than 1960.

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[6] *Ibid.*

[7] U.S. Bureau of the Census, "Selected Population and Housing Characteristics for the U.S." *CPH-L-4*, Washington, DC, 1990 Census; and Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, June 1995.

[8] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, June 1995.

Was AIDS caused by homosexuals?

No. HIV has infected many homosexual men in the United States, but this is the result of the epidemic, not its cause. AIDS in the United States was discovered first among homosexual and bisexual men. HIV spread rapidly among members of this group because gay and bisexual men often engage in anal intercourse, which carries high risk of transmitting HIV, and because some men, unaware of the danger, had many partners. Anal intercourse is a risky type of sexual intercourse, regardless of whether the receptive partner is male or female. Worldwide, the vast majority of people with HIV infection contract the virus heterosexually.

THE COURSE OF HIV INFECTION

How long is the incubation period for AIDS?

The incubation period, the time between infection with HIV and the onset of symptoms of the infection, ranges from a few months (usually in infants) to 12 years or more. The average incubation period for adults is in the seven to ten year range.

Can you tell if someone has HIV by looking at him or her?

You cannot tell from a person's appearance whether he or she is infected with HIV. Most people who are infected with HIV are asymptomatic, meaning that they have no signs or symptoms of either HIV infection or AIDS. They look and feel healthy. Many of them do not know they are infected.

What are the common symptoms of HIV infection?

Many people infected with HIV have no symptoms. As the infection progresses, people often develop swollen lymph glands, severe tiredness, fever, loss of appetite and weight, diarrhea, and night sweats. Although these symptoms could indicate HIV infection, they are also common to many other illnesses. Continuation of symptoms for more than two weeks should prompt a visit to a doctor or clinic.

How does HIV break down the immune system?

HIV kills certain white blood cells, which normally function to protect a person from disease. Some white blood cells are called *T-cells* and *B-cells*. They are part of the immune system. Some T-cells, called *helper cells,* help the B-cells produce antibodies against disease-causing organisms. Other T-cells, called *suppressor cells,* work to stop or suppress the immune response once the infection has been controlled. In the person infected with HIV, the suppressor T-cells tend to outnumber the helper T-cells, because HIV mainly attacks and kills helper-T cells.

How long can a person lead a normal life after developing AIDS?

People who develop AIDS respond differently. Some persons are very sick throughout the course of the illness. Others remain in good physical condition or have alternating periods of health and illness for several years.

Why does a person die from AIDS and how long does it take?

People with AIDS get illnesses that do not usually develop in healthy people because their immune systems have been weakened. People with AIDS die from these diseases; not usually from HIV infection directly. The majority of people with AIDS die within three to five years after diagnosis, most commonly from pneumonia. All persons who have HIV infection or develop AIDS should be under the care of a physician.

Does anyone ever survive AIDS?

Although there are some long term survivors, researchers say that it is too early to know definitely if anyone ever survives AIDS.

CONTRACTING HIV

How do people contract HIV?

HIV is transmitted in five ways:

- through sexual intercourse with an infected person;
- by sharing contaminated drug needles or syringes;
- from an infected woman to her fetus or infant during pregnancy or childbirth;
- from an infected woman to a child by breast-feeding, and
- from a transfusion of infected blood. (This has become rare in the United States since screening of blood donations began in 1985.)

How contagious is HIV?

HIV is transmitted only through contact with semen, vaginal fluids, blood and breast milk. HIV is much less contagious than hepatitis B, herpes, or gonorrhea.

How does catching HIV differ from catching a cold or the flu?

One great difference is that HIV cannot be transmitted by casual contact (everyday contact in the home, school, or workplace). Some viruses, such as those that cause colds or flu, can be passed through sneezing, coughing, or sharing eating utensils. HIV is not transmitted by such means.[9]

How do people contract HIV from sharing drug needles?

When a person uses a hypodermic needle or syringe to inject a drug, blood can be drawn up into the syringe. Sometimes the quantity of blood is so small it cannot be seen without a microscope. When another person uses the same needle or syringe, she or he injects the first person's blood. If the blood is infected with HIV, the second person can become infected as well.

People who inject illegal drugs often share needles and syringes. Although many now realize that this is a dangerous practice, they often do not have access to new needles and syringes. If drug injection equipment is shared, chances of HIV transmission can be reduced by cleaning all equipment with full strength household bleach before and after every use. First the needle and syringe should be rinsed several times with clean water. Then the needle and syringe should be cleaned with bleach. The syringe should be completely filled with bleach for 30 seconds. This should be repeated two more times. Then the needle and syringe should be rinsed again several times with clean water.

HIV can also be contracted by sharing needles or syringes for any other purpose, including injecting vitamins, antibiotics, or steroids, or for tattooing and ear or body piercing.

Can people contract HIV from blood transfusions?

Contracting HIV from blood transfusions is highly unlikely in the United States. Since 1985, all blood donated in the U.S. has been screened by a test that detects the HIV antibody. Blood containing the antibody is not used for transfusions. Anyone in need of a blood transfusion in Mexico should ask to see that the container of blood to be transfused has a seal from the Secretaría de Salud. The seal should have a check mark on it.

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[9] Centers for Disease Control and Prevention, "Education and the Foster Care of Children Infected with Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus," *Morbidity and Mortality Weekly Report*, August 1985; and A.R. Lifson, "Do Alternate Modes of Transmission of Human Immunodeficiency Virus Exist?" *Journal of the American Medical Association*, vol. 259, no. 9, March 4, 1988.

Can people contract HIV from giving blood?

No. There is no risk of HIV infection from donating (giving) blood in the United States. There never has been any risk for blood donors because all the equipment used in the U.S. is new and sterile. The equipment is used only once and is then destroyed.

Can people contract HIV from anal sexual intercourse?

Yes. A person can contract HIV from anal intercourse if his or her sexual partner is infected with HIV. Anal intercourse is not uncommon among many heterosexual youth, as well as among homosexual males. It is a particularly risky sexual behavior for transmitting HIV. A study of sexually active college students indicated that 14% of the men and 19% of the women had participated in anal intercourse.[10] HIV educational materials should, therefore, specifically mention the high-risk nature of this activity.

Can people contract HIV from vaginal sexual intercourse?

Yes. Women can infect men and men can infect women through vaginal intercourse.

Can people contract HIV from oral sex?

Since people who participate in oral sex also engage in other types of intercourse, findings from studies on this subject are unable to measure the exact risk. Nonetheless, HIV can be spread if one person's infected semen, blood, or vaginal secretions enter another person's mouth, because a person's mouth often has open sores or bleeding gums.

Can people get infected with HIV from casual contact?

No one should be afraid of becoming infected with HIV by casual, social, or family contact. People can, for example, work with others, attend school and public events, and eat at restaurants without fear of getting infected with HIV. Similarly, persons caring for an infected family member are not at increased risk for HIV infection. Children attending school with a student who is infected with HIV are not at risk of becoming infected.

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[10] N.E. MacDonald, et. al., "High-Risk STD/HIV Behavior Among College Students," *Journal of the American Medical Association*, vol. 263, no. 23, June 20, 1990.

I have read about the "unknown risk" group of people with HIV infection. Could they have contracted it through casual contact?

The "unknowns" are mainly people who die before they can be questioned, are too ill to provide information about themselves, or are otherwise unavailable for questioning about risk behaviors. Scientists have studied families and neighbors of HIV-infected persons and AIDS patients. No one in these studies has developed HIV infection or AIDS as a result of casual social contact, through sharing households, or via animals or insects.[11]

How can I be sure that what you are saying is true?

The information presented here about HIV infection is supported by research findings. There probably will not be major new findings about transmission modes—half a million cases in the United States alone have shown how the virus does and does not spread. No studies of friends, family members, or medical personnel have shown transmission through casual, daily contact.[12] What we do **not** yet know is how to cure the disease once a person is infected or how to develop a vaccine to prevent infection in the first place.

Can people get infected with HIV from kissing?

HIV is not transmitted through dry kissing, but there probably is some risk during French kissing. If both people kissing have open sores or cuts in their mouths, it is possible for one to infect the other with various germs. However, passing HIV this way has not been reported. It is considered a remote possibility for transmitting HIV.[13]

Can HIV be passed by mosquitoes or other insects?

Research indicates that insects are **not** capable of transmitting HIV. Scientists have studied towns in the United States and Africa where there have been many persons with AIDS and high mosquito infestation. All these studies show that HIV infection occurs only in sexually active adults, in drug users, and in babies born to infected mothers. In these towns, children and senior citizens have not contracted HIV by living in the same households or neighborhoods and being bitten many times by insects. Both laboratory and community research findings document that HIV is not transmitted by insects.[14]

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[11] Centers for Disease Control and Prevention, "Education and the Foster Care of Children Infected with Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus," *Morbidity and Mortality Weekly Report*, August 1985; and A.R. Lifson, "Do Alternate Modes of Transmission of Human Immunodeficiency Virus Exist?" *Journal of the American Medical Association*, vol. 259, no. 9, March 4, 1988.

[12] *Ibid.*

[13] A.R. Lifson, "Do Alternate Modes of Transmission of Human Immunodeficiency Virus Exist?" *Journal of the American Medical Association*, vol. 259, no. 9, March 4, 1988.

Is HIV inherited?

HIV is not passed genetically from generation to generation. However, the virus can be transmitted to children from an infected mother during pregnancy, childbirth, or during breast-feeding.

PEOPLE AT RISK OF HIV INFECTION

How is risk determined?

A person's behavior determines his or her risk of becoming infected with HIV. Anyone who shares drug injection equipment is at risk. Anyone who has sexual intercourse, except within a mutually monogamous relationship with an uninfected partner who does not inject drugs, is also at risk.

Is it possible to become infected with HIV if a person has sexual intercourse just once or twice?

Yes. There is scientific evidence that the virus can be transmitted during a single act of sexual intercourse.[15]

Are married people at risk?

Uninfected partners who each practice sexual fidelity have virtually no risk of acquiring HIV. This holds true unless one partner acquired the virus before the marriage or currently injects drugs with contaminated needles or syringes. The virus can then be passed sexually to the spouse.

Do women get infected with HIV?

In the United States, 14% of AIDS cases have occurred among women. Almost half of these women acquired the virus from injecting drugs; 36% got it from heterosexual contact with an infected person and five percent via blood transfusions. Among adolescents, 34% of AIDS cases have occurred in females.[16]

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[14] *Ibid.*

[15] S.D. Holmberg et. al., "Biologic Factors in the Sexual Transmission of Human Immunodeficiency Virus," *The Journal of Infectious Diseases,* vol. 160, no. 1, July 1989.

[16] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, June 1995.

Worldwide, the estimated proportion of HIV-infected adults who are women has risen rapidly. Nearly half of all newly infected adults are women.[17]

Can a man transmit HIV to a woman?

Yes. The number of women who contract HIV through sexual intercourse with infected men is rapidly increasing. Many of these women have had partners who inject drugs. Any woman who participates in vaginal or anal intercourse or in oral sex with an infected male is at high risk for acquiring HIV.

Can a woman transmit HIV to a man?

Yes. Male sexual partners of infected women are at risk of becoming infected through sexual intercourse.

Can a lesbian contract HIV?

Yes. Lesbians, like everyone else, are at risk if they inject drugs and use or share contaminated needles or syringes. Lesbians are also at risk when one partner is HIV-infected and mouth-to-vagina or vagina-to-vagina sexual activity is practiced. Sex between two women is probably much more risky if one or both partners are bleeding due to menstruation or traumatic sexual activity, or has an STD.

Is it possible to contract HIV from a prostitute?

Yes. Many prostitutes are HIV-infected, but infection rates vary greatly from one area in the United States to another. Prostitutes have many sexual partners and many inject drugs. Anyone who has sexual intercourse with a male or female prostitute should use a latex condom.

How do children contract HIV?

Most HIV-infected children have contracted HIV from their infected mothers during pregnancy or childbirth. HIV-infected mothers in the U.S. should not breast-feed their children because babies have been infected this way.

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[17] World Health Organization Global Programme on AIDS, *World AIDS Day Newsletter*, no. 2, 1994.

Why is there concern about adolescents contracting HIV when only a few have been diagnosed with AIDS?

Almost 20% of people with AIDS in the U.S. are in their 20s.[18] Since 10 years or more can elapse between infection with HIV and onset of AIDS, many of them probably were infected as teenagers. Teenagers exhibit the same risk behaviors (unprotected sexual activity, often with more than one partner, and injection of drugs) that adults do. Sexually active teenagers have the highest incidence of STDs of sexually active persons in any age group.

AIDS is now the leading cause of death among young persons aged 15 to 24 years.[19] HIV is having a disproportionately heavy impact on African American and Latino adolescents and is infecting proportionately higher numbers of adolescent females than adult women.[20] Teenagers who inject drugs with contaminated needles or syringes are also at high risk of getting HIV. The crack epidemic has compounded the risk. Persons under the influence of crack, alcohol, or other drugs often engage in unprotected sexual intercourse. Persons addicted to crack and other illegal drugs sometimes engage in prostitution to acquire drugs.

Can a nurse or other health care worker become infected with HIV from a patient?

A few health care workers have contracted HIV on the job, usually as a result of being accidentally stuck with a contaminated needle. Health care workers should always follow universal infection control precautions. They should protect themselves by wearing protective gear, such as gloves, and by disposing of infectious materials carefully.[21] By doing these things health care workers can do their jobs safely.

Can a doctor or other health care worker infect a patient with HIV?

This is possible, but very unlikely. The blood of the infected health care worker would have to come into contact with the blood or mucous membranes of the patient. Such transmission can be prevented if doctors, dentists, and other health care workers follow universal infection control practices.

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[18] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, June 1995.

[19] Centers for Disease Control and Prevention, *Adolescent Health: State of the Nation: Pregnancy, Sexually Transmitted Diseases, and Related Risk Behaviors Among U.S. Adolescents*, Monograph Series, no. 2, 1995.

[20] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, June 1995.

[21] Centers for Disease Control and Prevention, "Update: Universal Precautions for Prevention of Transmission of HIV, Hepatitis B Virus, and other Bloodborn Pathogens in Health-Care Settings," *Morbidity and Mortality Weekly Report*, June 24, 1988.

Who is at increased risk of HIV infection?

At increased risk are males who have had sexual intercourse with other males; persons who have shared drug needles or syringes; persons who have had multiple sexual partners, including male or female prostitutes; persons who have any STD; persons who received transfusions or blood-clotting concentrates before 1985; sexual partners of infected persons or of persons at increased risk; and infants born to infected mothers.

PREVENTION OF HIV

If there is no cure for HIV infection, what is being done to prevent its spread?

Educational programs are the primary preventive measures. These programs attempt to give people the information they need to make healthy decisions about their personal behaviors (involving sexual activity and drugs), to motivate them to practice safe behaviors, and to give them the skills they need to do so (such as knowing when and how to say no). Even if there were a medical solution for HIV infection, prevention education would still be the best way to control the virus.

What can I do to keep from contracting HIV?

You can reduce your risk of HIV infection, other STDs, and unplanned pregnancy by abstaining from sexual intercourse, practicing sexual fidelity with an uninfected partner, using latex condoms when engaging in sexual intercourse, and not injecting illegal drugs. Persons who inject drugs should never share needles or syringes.

Can using a condom prevent HIV?

Yes. A latex condom, when used properly, can prevent HIV transmission by forming a barrier to semen or vaginal fluids containing HIV. No other form of contraception protects against HIV.

Condoms, however, are not always used correctly. They are either put on too late or taken off too early. Latex condoms are best. They must be put on right after erection and carefully removed after ejaculation, holding onto the rim. A new condom must be worn during every sexual contact. Condoms should never be reused.

If a person who is addicted to drugs cannot break the addiction, what can he or she do to avoid contracting HIV?

Although illicit drugs are very harmful to a person's health, HIV is not transmitted through the drugs. HIV is transmitted from one user to another through blood (often in microscopic quantities) left on or in the hypodermic needle or in the syringe that is used by one person and then shared with another. Transmission can be prevented by never sharing needles, syringes (sometimes needles and syringes are called "works"), or cookers.

If sharing is unavoidable, drug equipment should always be cleaned with full strength household bleach. First, wash the needle and syringe by filling several times with clean water. Then completely fill the needle and syringe with bleach and leave the bleach in the syringe for at least 30 seconds. Repeat at least twice. The needle and syringe should then be rinsed several times with clean water. Shaking and tapping the syringe when it is filled with prebleach water, bleach and then rinse water should improve the effectiveness of all steps. Students who use drugs should be helped to secure treatment.

TESTING FOR HIV

Is there an HIV test?

Blood tests are available to determine whether a person has developed antibodies to HIV. If antibodies are present, the individual is infected with HIV. However, the presence of antibodies does not mean that the person has AIDS now. All HIV-infected people are at very high risk of becoming ill and developing AIDS in the future.

A positive test means a person is infected with HIV and can pass the virus on to other people through sexual intercourse or sharing drug needles or syringes—even if the infected person feels fine and looks healthy.

A negative test result means that a person is probably not infected with HIV. This is not a guarantee that the person is uninfected, because she or he could have been infected within the past six months and not yet developed a positive test. It usually takes from three to twelve weeks after infection for HIV antibodies to become detectable in the blood. Anyone can become infected in the future if he or she engages in a risky behavior with an infected individual.

Testing is an important first step in securing life-prolonging early treatment for HIV infection. Testing, however, can have psychological, legal, and economic consequences. Anyone considering testing should receive counseling before blood is drawn.

Is the HIV antibody test sometimes wrong?

Even though the ELISA (enzyme-linked immunosorbent assay) test is very accurate, it is not perfect—no test is. No one should be informed of a positive test result until the initial ELISA test has been repeated and followed up with a more specific test (usually the Western Blot test).

What is the difference between confidential and anonymous testing?

When a person decides to take the HIV antibody test, he or she usually chooses between confidential or anonymous testing. A confidential test is one in which the test result is entered into the individual's private medical record. This record may only be released with the patient's permission. Informing the health care provider of the test result enables the health care provider to help manage the treatment plan. A health department or clinic can also offer follow-up counseling as well as other clinical and psychosocial services. However, there are situations in which confidentiality has been broken. With anonymous HIV antibody testing, no one at the test site keeps any record of the name or identity of the person being tested. An anonymous test is usually administered at a testing site that does only anonymous tests.

Should I get tested for HIV infection?

The development of specific treatments for HIV infection and medical interventions to prevent specific complications of HIV infection is leading many people to recommend counseling and testing to anyone who has engaged in high-risk behaviors. Counseling and testing can enable a person who tests positive to monitor his or her T-cell counts and to gain the benefits of early treatment. Knowing one's antibody status has also led many people to adopt safer behaviors.

Someone who has never engaged in high-risk behavior nor received blood or clotting factors before 1985 does not need to be tested. Anyone who has engaged in high-risk behaviors, has an STD, is pregnant, or is considering parenting should be urged to consider being tested.

Would testing be recommended for adolescents?

Counseling is always recommended before testing. Any adolescent who has engaged in high-risk behavior should be offered counseling. This might or might not result in a decision to be tested. Teachers and school counselors should find out who in their community is trained to provide pretest counseling to adolescents. Comprehensive posttest counseling and medical follow-up must also be provided, including the identification of responsible adult support.

Do adolescents need parental permission to take an HIV test?

In many states, because HIV infection is classified as an STD, minors are permitted to be tested without parental consent. Your department of public health can inform you of the consent laws in your state.

THE TREATMENT OF HIV INFECTION

Can HIV infection be treated?

In many cases HIV infection can be treated. There are now several drugs, including zidovudine (often called AZT) that can slow HIV growth and improve the lives of persons with HIV. These drugs, however, can have severe side effects and are very expensive. There are also drugs that treat infections associated with HIV infection.

Can HIV infection be cured?

Drugs are not yet available that will destroy HIV or restore the immune system once it is damaged.

Will there be a cure for HIV infection in the near future?

Even though scientists worldwide are searching for effective treatments, a cure is not expected soon. Although remarkable progress has been made recently in developing early treatments for AIDS and HIV infection, many obstacles must be overcome in developing a medicine that can combat HIV over the long run and repair the damage HIV does to the immune system, the brain, and other organs.

What is being done for people who develop HIV infection?

Persons with HIV infection need both medical and social support services to help them cope and live with their condition. Although this type of assistance is increasing, more can and needs to be done. Legal efforts are being pursued to protect the rights of people with HIV infection in employment, housing, medical care, and education.

If a person is infected with HIV, can he or she ever have sexual intercourse?

Sexual intercourse with an HIV-infected person carries the risk of transmitting the infection. Informed partners who decide mutually to have intercourse should use latex condoms every time they have intercourse, from start to finish.

Although condoms can be very effective if used properly, they do not provide 100% protection.

Is there a vaccine to prevent HIV infection?

Although scientists are working to develop a vaccine, a solution appears to be many years away.

SOCIAL ISSUES CONCERNING AIDS AND HIV

How should people with HIV infection be treated?

People with HIV infection should have equal access to medical and social services, employment, housing, and educational opportunities. They also need understanding and emotional support from friends and the community.

Should persons with HIV infection or AIDS be banned from public events, schools, and jobs?

No. HIV is not passed by casual contact. There is no reason that persons with HIV infection or AIDS should be kept from participating in the community.

Should a student with HIV infection or AIDS be allowed in school?

A student who is infected with HIV or has AIDS poses virtually no risk to other students.[22] However, every case should be considered individually. There may be times when people with AIDS cannot attend school because of their weakened condition.

Should teachers and school cafeteria workers be required to take a test for HIV infection?

Because HIV is not spread by casual, nonsexual, everyday contact, neither teachers nor cafeteria workers with HIV infection or AIDS pose any risk to students.

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[22] Centers for Disease Control and Prevention, "Education and Foster Care of Children Infected with Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus," *Morbidity and Mortality Weekly Report*, August 1985.

Why is the quarantine of persons with HIV infection or AIDS not effective to protect the rest of the population which is not infected?

There is no need for medical isolation, or quarantine, because HIV is not transmitted through the air, by casual contact, or by mosquitoes, food, or water. Education and behavior change are the best strategies. Even if a quarantine were imposed, it would be impossible to implement. All HIV-infected persons—about one million persons in the United States[23]—would need to be segregated from uninfected persons. Even if all 242 million Americans could be tested (and retested at regular intervals to detect new infections), where would the million infected persons be kept?

How do I find additional information about AIDS and HIV?

You must feel well prepared before you teach about HIV. Students will quickly sense any discomfort. Almost every state department of education has an HIV education coordinator or a director of school health education. Most of them offer teacher training on HIV education at various locations within each state. The Red Cross, local Planned Parenthood chapters, and state and local health departments are also training resources. A list of the HIV education offices in each state with their telephone numbers is included in Appendix D. There are also many teaching guides and curricula for teaching comprehensive health education, including education about STDs, HIV, sexuality, and drug prevention. See the Resource Guide in Appendix D for the names of organizations that can help you select high quality curricula and identify staff training programs.

Students might ask questions you cannot answer. Do not hesitate to acknowledge that you don't know everything. Then ask the class, "What do you think?" or "Why do you think that?" If the question concerns a point of information, ask, "How could we find the answer to that?"

For information, you could direct students to the following information hotlines.

CDC National AIDS Hotline-English (24 hours a day)	**1-800-342-AIDS**
CDC National AIDS Hotline-Spanish (8 AM-2 PM EST)	**1-800-344-SIDA**
CDC National AIDS Hotline-Hearing Impaired (M-F 10 AM-10 PM EST)	**1-800-AIDS TTY**
American Red Cross National Teen Hotline (Fridays-Saturdays 6 PM-12 AM EST)	**1-800-440-TEEN**
State AIDS Hotline	________
Local AIDS Hotline	________
National Sexually Transmitted Diseases Hotline (M-F 8 AM-11 PM EST)	**1-800-227-8922**

See Appendix D for a list of state hotlines.

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[23] Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, February 23, 1990.

APPENDIX C

LETTER TO PARENTS

Dear Parent or Guardian:

AIDS is a very serious health problem. Young people can get it through sex or using drugs. Beginning ________________ (date), your child will be taking a health class that includes lessons on AIDS.

You are invited to a meeting for parents. It will be held on________________ (date) at ______________ (time) at ________________________________ (place). At this meeting, we will talk about AIDS and what your child will be learning at school. We will show you the lessons that will be taught. You may ask questions that you have.

You can help at home by talking with your child about how to prevent AIDS. This meeting could help you learn to do that.

We hope that you can come.

Sincerely,

____
(Principal)

____
(Teacher)

Estimado Padre o Tutor:

El SIDA es un problema de salud muy serio. Los jóvenes lo pueden contraer a través de las relaciones sexuales o el uso de drogas. A partir del ____________ (fecha) su hijo(a) tomará una clase de educación sobre la salud que incluye lecciones sobre el SIDA.

Están invitado a una reunión para padres. Se llevará a cabo en ________________ (fecha) a las ______________________ (hora) en __________________________________ (lugar). En esta reunión hablaremos sobre el SIDA y lo que su hijo(a) aprenderá en la escuela. Les mostraremos las lecciones que se enseñarán. Podrán hacer cualquier pregunta que tengan.

Ustedes pueden ayudar en la casa hablando con su hijo(a) acerca de cómo evitar contraer el SIDA. Esta reunión les ayudará a aprender a hacer esto.

Esperamos que puedan asistir.

Atentamente,

____
(Director)

____
(Maestro)

APPENDIX D

SELECTED RESOURCES

This is a list of some books, curricula, videos, and other resources that you might find helpful in planning a unit on HIV and other health issues for farmworker youth. Many other useful materials are available. The National AIDS Clearinghouse (1-800-458-5231) can give you a comprehensive list of HIV education materials that have been produced in English, Spanish, and other languages.

RESOURCES FOR EDUCATORS: HIV/AIDS

Adolescents, AIDS and HIV: Resources for Educators, Advocates for Youth, 1025 Vermont Avenue N. W., Suite 200, Washington, D. C. 20005, (202) 347-5700; Volume VI, 1991; Volume VII includes a special section on materials for parents, 1994; and Volume VIII includes materials for lesbian, gay and bisexual youth, 1994; $4.00 each. These useful 17-page booklets provide annotated bibliographies of print, video, and audio materials on HIV education for youth, educators, and parents.

Bridges of Respect: Creating Support for Lesbian and Gay Youth, Kay Whitlock, American Friends Service Committee, Community Relations Division, 1501 Cherry Street, Philadelphia, PA 19102, (215) 241-7048; revised 1989, 107 pages, $7.50. Designed especially for educators and health and human service providers, *Bridges of Respect* identifies the needs of lesbian and gay youth and includes an annotated directory of useful organizations, educational resources, and program models. A chapter on HIV and gay youth discusses how HIV education programs rarely include this population even though they are sometimes more at risk for HIV infection than many other youth. The new Spanish language version, ***Puentes de Respeto: Creación de Apoyo para la Juventud Lesbiana y Homosexual,*** also includes articles on the human rights situation of gay men and lesbians in Latin America and an expanded resource list that includes Latin America and the Caribbean.

Classroom Calls, CDC National AIDS Hotline, P.O. Box 13827, Research Triangle Park, NC 27709, (800) 342-AIDS; free. This innovative service from the Centers for Disease Control and Prevention's National AIDS Hotline enables teachers to arrange a specific time for a class to talk with hotline staff. The only equipment needed is a speaker phone. During the call students will have the opportunity to ask AIDS-related questions and to learn that they can call back, in private, to talk about other more confidential issues. Calls can also be arranged with a Spanish-speaking operator by calling (800) 344-SIDA.

Criteria for Evaluating an AIDS Curriculum, National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116, (617) 357-8507; revised 1992, 34 pages, $4.00. This booklet establishes criteria to be used by administrators, teachers, and others in selecting effective HIV curricula. The booklet outlines essential curriculum content and matches approaches to HIV education with stages of child development.

Does AIDS Hurt? Educating Young Children About AIDS, Marcia Quakenbush and Sylvia Villarreal, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 2nd edition, 1992, 150 pages, $17.95. This book is a valuable resource for teachers and parents of early elementary school children. It provides a context in which to address young children's fear of AIDS and special sections on working with children who are at risk for HIV infection.

"Guidelines for Effective School Health Education to Prevent the Spread of AIDS," *Morbidity and Mortality Weekly Report,* Centers for Disease Control and Prevention, Vol. 37, No. S-2, January 29, 1988, 14 pages, available free from the National AIDS Clearinghouse (see below). This document provides guidelines for developing, implementing, and evaluating an HIV education program. Topics covered include teacher training, program content based on grade level, and program assessment.

Guidelines for HIV and AIDS Student Support Services, National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116, (617) 357-8507; 1990, 31 pages, $4.00. This booklet outlines the elements of a high-quality student support services program in relation to the HIV epidemic. It defines the role of the school social worker, nurse, psychologist, and guidance counselor in serving students who are infected with HIV or affected by the epidemic in other ways.

The HIV Challenge: Prevention Education for Young People, edited by Marcia Quackenbush and Kay Clark, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 2nd edition, 1995, 526 pages, $29.95. This book provides expert advice for implementing a successful HIV education program for youth of all ages. The book provides factual material on HIV and discusses age-appropriate HIV education. It also offers strategies for building community support for HIV education efforts and for managing controversial issues in the classroom. Chapters on educating minority youth, runaways, and developmentally and physically disabled youth are especially useful.

It's Up to Us: An AIDS Education Curriculum For ESL Students, Henry Lesnick, available from TESOL Publications, 1600 Cameron Street, Suite 300, Alexandria, VA 22314, (703) 518-2522; 1995, 72 pages, free. This is five-lesson skill-based HIV curriculum designed for use in ESL classes of teenagers and adults. It teaches reading, writing, speaking, and critical thinking skills as it helps students understand HIV transmission and prevention.

Reducing the Risk: A School Leader's Guide to AIDS Education, National School Boards Association, 1680 Duke Street, Alexandria, VA 22314, (800) 706-6722; 1989, 45 pages, $5.00. Written for school administrators and policymakers, this report focuses on what schools can do to help young people protect themselves. It discusses the need for HIV education and sound policies and addresses considerations for making curricular and instructional decisions.

Responding to HIV and AIDS, National Education Association Health Information Network, available from NEA Professional Library, P.O. Box 509, West Haven, CT 06516, (203) 934-2669; 1992, 38 pages, $3.00. This booklet provides a good overview of many of the pertinent issues associated with HIV and AIDS. Particularly useful are sections on grieving, handling blood and other body fluids in a school, and being supportive of a friend with AIDS.

Someone at School Has AIDS: A Complete Guide to School Policies Concerning HIV, National Association of State Boards of Education, 1012 Cameron Street, Alexandria, VA 22314, (703) 684-4000; 1996, 75 pages. This manual suggests policies and reviews federal laws on confidentiality, infection control, the attendance and employment of students and staff who are infected with HIV, prevention education and related services.

Teaching Safer Sex, Peggy Brick, The Center for Family Life Education, Planned Parenthood of Bergen County, 575 Main Street, Hackensack, NJ 07601, (201) 489-1265; 1989, 92 pages, $19.95. This engaging curriculum provides a wide variety of lessons with many different approaches to teaching decision making about sex in general and safer sex in particular. Intended to supplement comprehensive HIV and STD curricula, this curriculum—explicit in nature—specifically addresses the knowledge, attitudes, values, beliefs, feelings, and skills needed to practice safer sex.

RESOURCES FOR EDUCATORS: SEXUALITY EDUCATION

Bodies, Birth & Babies: Sexuality Education in Early Childhood Programs, The Center for Family Life Education, Planned Parenthood of Greater Northern New Jersey, 575 Main Street, Hackensack, NJ 07601, (201) 489-1265; 1989, 38 pages, $14.95. This manual identifies the goals and key concepts of sexuality education in early childhood and suggests "Twelve Ways to Help Children Grow up Sexually Healthy."

Growing Up: An Educator's Bilingual Guide to Teaching Puberty, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 1995, 168 pages, $27.50. This curriculum, available in both English and Spanish, offers eight lessons with engaging activities addressing self-awareness, decision making, communication, sexuality, AIDS, and abuse. It is written for grades four to seven.

Guidelines for Comprehensive Sexuality Education: Kindergarten - 12th Grade, Sex Information and Education Council of the U. S. (SIECUS), 130 W. 42nd St., Suite 2500, New York, NY 10036, (212) 819-9770; 1991, 52 pages, $5.75. These guidelines, developed by a task force of leading health, education, and sexuality professionals, addresses the need for sexual literacy for youth. It is an excellent model for curriculum development in health and sexuality education. The 1995 adaptation for Spanish-speaking communities is called ***Guia Para Una Educación Sexual Integral Para La Juventud Hispana/Latina: Kindergarten - Grado 12.***

Latino Family Life Education Curriculum Series, including ***Cultural Pride, La Familia, La Comunicación*** and ***La Sexualidad***, edited by Ana Matiella, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 1988-1990, each $29.95. These four curricula (each with a student workbook) provide culturally appropriate family life education for Latino students in grades 5-8. All four curricula emphasize self-esteem and seek to improve the quality of Latino student relationships and prevent high-risk behaviors. ***Cultural Pride*** (#360; 182 pages) focuses on Latino history and customs in order to build self-esteem by affirming culture and family. ***La Familia*** (#362; 188 pages) explores and affirms the Latino family. ***La Comunicación*** (#364; 196 pages) explores how culture, personality, age, and other factors affect communication. ***La Sexualidad*** (#366, 216 pages) presents sexuality as a life-long process that goes beyond sexual activity.

Life Planning Education: A Youth Development Program, Advocates for Youth, 1025 Vermont Avenue N. W., Suite 200, Washington, D. C. 20005, (202) 347-5700; updated 1994, 400 pages, $44.95. This life skills and sexuality education curriculum is designed for junior and senior high school students. Topics include self-esteem, skills building, reducing sexual risk taking, violence prevention, goal setting, employment preparation, parenthood, and sexuality. There is also a lesson on AIDS and HIV prevention. A Spanish language version of this curriculum is entitled, ***Como Planear Mi Vida.***

The NEW Positive Images: Teaching Abstinence, Contraception and Sexual Health, Peggy Brick and colleagues, The Center for Family Life Education, Planned Parenthood of Greater Northern New Jersey, 575 Main Street, Hackensack, NJ 07601, (201) 489-1265; 1989, 1995, 157 pages, $25.00. This curriculum includes 27 interactive lessons on topics ranging from the history of birth control to the impact of media messages on sexuality to new hormonal contraceptive methods.

Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education, Debra W. Haffner and Diane de Mauro, SIECUS, 130 W. 42nd St., Suite 350, New York, NY 10036, (212) 819-9770; 1991, 64 pages, $10.00. This book offers step-by-step guidelines on how to develop and maintain community support for sexuality and HIV education programs and how to respond to organized opposition.

RESOURCES FOR EDUCATORS: DRUG PREVENTION

Comprehensive Health for Middle Grades: Drugs, ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 1990, 160 pages, $27.00. This drug prevention curriculum is designed for middle school students and focuses on the drugs with which they are most likely to come into contact: tobacco, alcohol, and marijuana.

Entering Adulthood: Examining Drugs and Risks, Susan Giarratano and Dale Evans, ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 1990, 242 pages, $23.50. This 11-lesson curriculum for high school students is comprised of activities designed to enhance decision making and help students develop personal strategies for resisting drug use. The curriculum discusses the legal issues and social and personal costs of tobacco, alcohol, marijuana, and cocaine use. An extensive list of resources is also provided.

Here's Looking At You 2000, Comprehensive Health Education Foundation, 22323 Pacific Highway South, Seattle, WA 98198, (800) 323-2433; multi-media kit, revised 1991. This comprehensive drug education curriculum is available for grades K-12. It addresses known risk factors for drug use, focuses on drugs that lead to greater drug use, and contains a clear "no drug use" message.

RESOURCES FOR EDUCATORS: HIV TESTING

Recommended Guidelines: Adolescent HIV Counseling and Testing, Massachusetts Department of Public Health, AIDS Office, 250 Washington Street, 3rd Floor, Boston, MA 02108, (617) 624-5300; 1990, 26 pages, free. This manual discusses specific issues that should be addressed when counseling adolescents about the HIV antibody test. It suggests ways to help a young person clarify his or her motives for testing and offers pretest and posttest counseling protocols to use with adolescents.

A Brief Guide to the HIV Antibody Test, San Francisco AIDS Foundation; available from IMPACT AIDS, 3692 18th Street, San Francisco, CA 94110; (415) 861-3397; 4th edition, 1994, $ .30. This pamphlet discusses the HIV antibody test, what the test results mean, where one can be tested, what happens with the test results, and the factors which should be considered when one decides whether to be tested. It is available in Spanish as ***Una Guía Breve Sobre La Prueba del Anticuerpo del SIDA.***

RESOURCES FOR EDUCATORS: COMPREHENSIVE SCHOOL HEALTH

Choosing the Tools: A Review of Selected K-12 Health Education Curricula, Education Development Center, 55 Chapel Street, Newton, MA 02160, (800) 225-4276; 1995, 218 pages, $19.95. Developed to assist educators select health education curricula, *Choosing the Tools* describes in detail several of the best comprehensive school health education curricula on the market, including evaluation summaries of each program's effectiveness.

Comprehensive School Health Education for Hispanic Youth: Insights About Curriculum Adaptation, Anthony Sancho and Jill English, Southwest Regional Educational Laboratory, Human Development Program, 4665 Lampson Avenue, Los Alamitos, CA 90720, (310) 598-7661; 1991, 62 pages, free. This guide is intended for teachers, health educators, curriculum developers, and administrators responsible for teaching health to Hispanic students. It provides background information about the growing Hispanic population and suggests ways to make health education relevant to Hispanic youth.

Criteria for Comprehensive Health Education Curricula, Southwest Regional Educational Laboratory, available through American School Health Association, 7263 State Route 43, P.O. Box 708, Kent, OH 44240, (216) 678-1601; 1990, 20 pages, $2.50. This workbook describes criteria for an effective comprehensive health education curriculum. It includes forms for evaluating curricula according to the suggested criteria.

Educating for Health: A Guide to Implementing a Comprehensive Approach to School Health Education, Education Development Center, 55 Chapel Street, Newton, MA 02160, (800) 225-4276; 1995, 158 pages, $24.95. This manual is written to help school administrators and school health coordinators implement a comprehensive school health education program. It is a companion document to *Choosing the Tools* listed above.

Guidelines for Comprehensive School Health Programs, American School Health Association, 7263 State Route 43, P.O. Box 708, Kent, OH 44240, (216) 678-1601; 1995, 28 pages, $7.50. This manual includes guidelines that provide an operational set of practices and outcomes that may serve local school districts as the basis for developing and evaluating comprehensive school health programs.

RESOURCES FOR EDUCATORS: TEACHER TRAINING

Trainers

ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061, (408) 438-4060. This organization provides teacher training on family life education and HIV education. ETR Associates has produced a large collection of helpful educational materials and curricula concerning health and family life education, HIV prevention education, and substance abuse prevention.

National Training Partnership, Education Development Center, 55 Chapel Street, Newton, MA 02160, (800) 225-4276; Phyllis Scattergood. This national network of health education trainers can provide technical assistance about teacher training and make referrals to state and local trainers.

Viviremos HIV Education Project, National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116, (617) 357-8507. NCAS offers bilingual (Spanish/English) trainings on HIV education for migrant educators, health outreach workers, farmworker parents, and staff of community-based organizations. The trainings prepare participants to teach this curriculum, increase their comfort teaching about HIV and sexuality, and help them draw on core Latino cultural values to approach HIV education in ways that are culturally-sensitive to the needs of farmworker youth.

HIV Coordinators in State Departments of Education. See list below on page 302.

Training Manuals

Teacher Education Resource Manual: HIV/AIDS Prevention Workshop, American College Health Association, P.O. Box 28937, Baltimore, MD 21240, (410) 859-1500; revised 1993, 139 pages, $20.00. This resource manual is designed to be used in teacher education programs. It includes sections on the necessary components of an HIV curriculum, basic medical facts about HIV, classroom strategies, and suggestions for fielding difficult questions and dealing with controversial issues.

Training Educators in HIV Prevention: An Inservice Manual, Janet Collins and Patti Britton, ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 1990, 155 pages, $39.95. This resource manual for developing comprehensive HIV prevention teacher trainings outlines a variety of instructional methods for presenting HIV education. The manual also includes approaches for gaining and maintaining community support, techniques for overcoming barriers to effective HIV education, and background information on the factors that contribute to adolescent sexual and drug abuse behavior.

RESOURCES FOR TEENAGERS

Books

AIDS: Trading Fears for Facts, Karen Hein and Theresa DiGeronimo, Consumer Reports Books, P.O. Box 10637, Des Moines, IA 50336, (515) 237-4903; 1989, 196 pages, (Order # P605) $5.95. Written for teenagers, this book provides a comprehensive look at the medical facts about HIV. It also provides information about safer sex, IV drug use, HIV testing, and AIDS treatment.

Risky Times: How to be AIDS-Smart and Stay Healthy, Jeanne Blake, Workman Publishing Co., Inc., 708 Broadway, New York, NY 10003, (212) 254-5900; 1990, 158 pages, $5.95. This guide for teenagers provides clear, straightforward, and accurate information about HIV. It includes chapters on denial, risk factors for HIV infection, treatment for AIDS, and decision making. Interspersed throughout are quotes from teenagers and moving personal stories from people who were infected with HIV as teenagers. The Spanish version is called ***Tiempos De Riesgo: Entérate del SIDA para mantenerte saludable.***

What You Can Do to Avoid AIDS, Earvin "Magic" Johnson, The Learning Partnership, Dept. M, P.O. Box 199, Pleasantville, NY 10570, (914) 769-0055; 1992, 193 pages, $3.99. This "straight talk for teens" book includes chapters on sexual responsibility, homelessness, personal accounts of people living with HIV, a state-by-state directory of resources, and a frank message to parents.

Pamphlets and Fotonovelas

Advice from Teens . . . on Buying Condoms, Advocates for Youth, 1025 Vermont Avenue N. W., Suite 200, Washington, D. C. 20005, (202) 347-5700; 1988, $ .25. Written by teens for teens, this pamphlet uses cartoons and simple language to address the fear, confusion, and discomfort that is often associated with buying condoms.

AIDS News, POCAAN, 4900 Rainier Avenue South, Seattle, WA 98118, (206) 322-7061; 1988, 18 pages, $ .35. This comic book provides basic information about HIV and AIDS, safer sex, abstinence, and drug abuse. Because it is in comic book form, *AIDS News* is very readable and has proven popular with teenagers. It is available in Spanish as ***Noticias Del SIDA.***

Face to Face With AIDS, Novela Health Foundation, University of Washington, 1001 Broadway, Suite #100, Seattle, WA 98122, (800) 677-4799; 1989, $ .55. This fotonovela, based on the video of the same title (see Videos), can be used to supplement the video. Through the story of a teenager coming to terms with AIDS in her family, the fotonovela addresses teenage denial of AIDS and stresses the connection between injection drug use, unprotected sex, and HIV. It is available in Spanish as ***Cara a Cara con el SIDA.***

Saturday Night Special, Ana Matiella Consuelo, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 1989, 24-page booklet, $1.50. This fotonovela follows four teenagers as they model safer sex behavior in typical dating situations. It is written on a sixth grade reading level. It is available in Spanish as ***¡Sabado Loco!***

Talk About Sex, SIECUS, 130 W. 42nd Street, Suite 350, New York, NY 10036, (212) 819-9770; 1995, 46 pages, $2.00. Developed to help teenagers communicate more openly and effectively about issues related to sexuality and HIV, this booklet offers clear, honest, straightforward information about relationships, communication skills, and safer sex behaviors. It is available in Spanish as ***Hablamos De Sexo***.

Teens and HIV! Why Risk It? ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 1994, $16.00/ 50. This short pamphlet provides basic information about HIV, AIDS, and safer sex for teenagers. It is accessible, direct, easy to read, and has good graphics. It is available in Spanish as ***¡Los Jóvenes y el VIH! ¿Por qué arriesgarse?***

Videos

Alicia, Georgetown University Child Development Center and the National Institute on Drug Abuse; available from the National AIDS Clearinghouse, (800) 458-5231; 1989, 20 minutes, $12.00. *Alicia* tells the story of a woman and her child who are infected with HIV. Viewers are educated about HIV transmission and prevention and about the effects of substance abuse on a family. A five-page discussion guide accompanies the video. This video is also available in Spanish.

Between Friends, Churchill Media, 6901 Woodley Avenue, Van Nuys, CA 91406, (800) 334-7830; 1993, 26 minutes. This video takes a dramatic approach to addressing HIV and AIDS. It tells the story of a few days in the lives of typical Mexican American teenagers in an American city. This video tells young people the facts about HIV, stresses the importance of safer sex and abstinence, and teaches how to make the right choices. The videotape is accompanied by a discussion guide and suggestions for group and classroom activities. This video is available in Spanish as ***Entre Amigos.***

La Esperanza Del Valle, Novela Health Foundation, University of Washington, 1001 Broadway, Suite #100, Seattle, WA 98122, (800) 677-4799; 1993. This is a multimedia series designed for Latino youth dramatizing a family's triumph over alcohol and substance abuse. It includes a six-episode telenovela (in English) with a 12-page study guide (in English), a fotonovela (in Spanish and English), and a radionovela (in Spanish).

Face to Face with AIDS, Novela Health Foundation, University of Washington, 1001 Broadway, Suite #100, Seattle, WA 98122, (800) 677-4799; 1989, 31 minutes. Targeted at English-speaking Latino youth, this video presents the facts about HIV transmission and dispels common misconceptions about HIV through the story of a teenager coming to terms with AIDS in her family. This video presents some of the psychological and social issues surrounding HIV in the Latino community. The video comes with a useful discussion guide and can be supplemented with fotonovelas in both English and Spanish. It is available with Spanish subtitles as ***Cara a Cara con el SIDA.***

In Our Own Words, available from Media Works, P.O. Box 15597, Kenmore Station, Boston, MA 02215, (800) 600-5779; 1994, 20 minutes. Hosted by a 21-year-old woman with HIV, this video is the story of five young people, each of whom was infected with HIV through unprotected sex. One of the young people featured is Pedro Zamora who was a cast member of MTV's *The Real World.*

Mi Hermano. See **Of Special Interest to Migrant Educators** below.

No Rewind, available from ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 1992, 23 minutes. This fast paced video educates teenagers about HIV. Peer educators and HIV-infected youth speak for themselves in this multicultural program, promoting abstinence, education, communication and safer sex as the best weapons against the disease.

El SIDA y Tu, available from the U. S. Conference of Mayors HIV Program, 1620 Eye Street, N.W., Washington, DC 20006, (202) 293-7330; 1994, 25 minutes. Starring musician Ruben Blades, this Spanish language video is designed for Puerto Rican youth. It conveys basic information about AIDS and HIV in an entertaining manner through music and dance. It takes the viewer through specific situations in which young people find themselves and provides socially acceptable ways they can extricate themselves and still enjoy an active social life.

Teen AIDS in Focus, available from the San Francisco Study Center, P. O. Box 425646, San Francisco, CA 94142, (800) 484-4173; 1989, 16 minutes. This powerful video is centered around three young people who have AIDS. They speak honestly about their experience with HIV and how it has dramatically changed their lives. Their stories are intertwined with a discussion between two adults with AIDS and a class of teenagers. This lively and racially diverse video is appropriate for junior and senior high school students of all racial and ethnic backgrounds. It is available in Spanish as ***Los Adolescentes y SIDA***. A teacher discussion guide, available in both English and Spanish, accompanies the video.

¡Trucha! Chicano AIDS Coalition; available from Centro de Salud Familiar La Fe, 608 South St. Vrain, El Paso, TX 79901, (915) 545-7062; 1988, 12 minutes, $40.00. This short, engaging video, created by a peer education project, depicts a Latino couple in a car, each with his/her conscience (visible to the audience, but not to the other character) trying to decide whether or not to have sex. The language (Tex-Mex) is strong at times. The video is usually well received by youth, but the language is sometimes offensive to adults.

RESOURCES FOR PARENTS

¡Ay No! ¿Qué Hago Ahora? SIECUS, 130 W. 42nd Street, Suite 350, New York, NY 10036, (212) 819-9770; 1983, 23 pages, $2.25. Written for parents of young children, this booklet helps them develop strategies for discussing sexuality with their preschool children. It is available in English as ***Oh No! What Do I Do Now?***

Como Hablar Con Sus Hijos Sobre El SIDA, SIECUS, 130 W. 42nd Street, Suite 350, New York, NY 10036, (212) 819-9770; 1990, 20 pages, $1.00. This booklet helps parents talk to their children about HIV and offers guidelines appropriate for specific age levels. It is available in English as ***How to Talk to Your Children About AIDS***.

Does AIDS Hurt? Educating Young Children About AIDS. See **Resources for Educators: HIV/AIDS** above.

Parent-Teen AIDS Education Manual and ***Talking with Teens with Jane Curtin***, San Francisco AIDS Foundation, available from IMPACT AIDS, 3692 18th Street, San Francisco, CA 94110, (415) 861-3397; 1990, 127-page manual, $45.00; 27-minute video, $90.00. This implementation manual is designed to promote parent/teen communication on HIV issues. It suggests strategies for discussing sexuality and disease and includes a detailed guide (in Spanish and English) for a parent meeting on HIV education. The manual and video are both designed for use in religious organizations, youth-serving agencies, work places, or schools.

PASOS Para Ayudar A Su Escuela A Establecer Un Programa De Educación Sobre El SIDA, National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116, (617) 357-8507; 1992, 23 pages, $4.00. Written for parents and community members, this concise booklet explains why teens are at risk for HIV infection and offers suggestions for helping a school set up an HIV education program. *PASOS* is written on a fifth-grade reading level. It is available in English as ***STEPS to Help Your School Set Up an AIDS Education Program.***

Prevención del HIV/SIDA Para la Familia, American Red Cross, General Supply Division, 7401 Lockport Place, Lorton, VA 22079, (800) 969-8890; 1990, 34 pages, $8.00/ 25. This colorful guide gives parents the facts about HIV and AIDS and explains how they can open a conversation about AIDS with their children. Condoms and the dangers of drug use are also discussed. This guide is available in English as ***HIV/AIDS Prevention for the Family.***

La Quinceañera, Ana Matiella, ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061; (800) 321-4407; 1989, 12 page booklet, $1.50. Written for parents, this fotonovela explores the importance of supporting children's adolescence and passing on one's values and culture, thus nurturing self-esteem and cultural pride.

Su Niño y el SIDA/AIDS, San Francisco AIDS Foundation, available from IMPACT AIDS, 3692 18th Street, San Francisco, CA 94110, (415) 861-3397; 1992, $ .30. This easy-to-read brochure answers parents' questions about the risk of contracting AIDS through bites, cuts, or contact with other children who have AIDS. It is available in English as ***Your Child and HIV.***

OF SPECIAL INTEREST TO MIGRANT EDUCATORS, MIGRANT PARENTS, AND MIGRANT STUDENTS

Alicia. See **Resources for Teenagers** above.

Un Amigo de Confianza: Una Fotonovela Diferente, Novela Health Foundation, University of Washington, 1001 Broadway, Suite #100, Seattle, WA 98122, (800) 677-4799; 1991, 16-page booklet, $ .95 This is a sensitively written fotonovela in Spanish about the friendship between two young Mexican American men. It tells the story of Carlos, who is about to be married, and Ruben, who confides in Carlos that he is gay. Carlos accepts his friend and invites him to his wedding. The booklet includes a discussion between the two men about HIV prevention and safer sex.

!Ay No! ¿Qué Hago Ahora? See **Resources for Parents** above.

Between Friends. See **Resources for Teenagers** above.

Comprehensive School Health Education for Hispanic Youth: Insights About Curriculum Adaptation. See **Resources for Educators: Comprehensive School Health** above.

Cultivating Health: An Agenda for Adolescent Farmworkers, Aurora Cămacho de Schmidt, National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116, (617) 357-8507; 1995, 46 pages, $6.00. This is a ground-breaking report on substance abuse; sexuality; and mental, physical and occupational health issues impacting farmworker adolescents. It is based on the proceedings of a national conference hosted by NCAS and addresses recommendations to national, state, and local health and education agencies.

Entre Nosotros: Módulos de Programas Educacionales Para Padres, Planned Parenthood of Alameda/San Francisco, 815 Eddy Street, Suite 300, San Francisco, CA 94109; 1988, 134 pages, $15.00. Designed to promote and strengthen the Latino family, this parent education curriculum seeks to build self-confidence and capacity for mutual understanding. Its purpose is to increase communication about family values, sexuality, and other sensitive topics. It is written in Spanish.

Face to Face With AIDS. See **Resources for Teens**.

Farmworker Women Speak Out: Priorities and Policy Recommendations to Improve the Lives of Farmworker Women, Farmworker Justice Fund, 2001 S Street, N.W., Suite 210, Washington, DC 20009, (202) 462-8192; 1994, 25 pages, $10.95. This report recounts the four-year history of the Farmworker Women's Health Project, a national network of migrant farmworker women. It describes goals farmworker women have set to improve their own and their families' health and presents their recommendations concerning AIDS, health care, housing, pesticides, and wages and working conditions to policymakers, growers, and their own communities.

HIV/AIDS: A Growing Crisis Among Migrant and Seasonal Farmworker Families, National Commission to Prevent Infant Mortality; available from National Migrant Resource Program, 1515 Capital of Texas Highway South, Suite 220, Austin, TX 78746, (512) 328-7682; 1993, 40 pages, $5.00. This attractive, readable report discusses the impact of the HIV epidemic on farmworkers, particularly women and children. It describes HIV-related services available to farmworkers and makes recommendations for changes needed at local, state, and national levels to address HIV among migrant and seasonal farmworkers and their families.

Immigrant Students: Their Legal Right of Access to Public Schools, John Willshire Carrera, National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116, (617) 357-8507; revised 1992, 55 pages, $10.00. This practical manual for educators, advocates and school administrators reviews educational and legal rights of undocumented students and their families. It includes sample letters to immigrant parents and sample school policies.

Latino Family Life Education Curriculum Series. See **Resources for Educators: Sexuality Education**.

***Life Management Skills*,** Texas Migrant Interstate Program, P.O. Drawer Y, Pharr, TX 78577, (800) 292-7006; 1988, 248 pages, free. This flexible curriculum is designed as a dropout prevention program for migrant students. It is intended for use in classrooms, workshops, or retreat settings. It includes self-esteem and skill-building activities and stresses shared responsibility for education and development of the student between the student, the school, the community, and the family.

***Meeting Changing STD Counseling Needs: A Glossary of Contemporary Mexican Sexual Terms*,** James M. Alexander; available from National Migrant Resource Program, 1515 Capital of Texas Highway South, Suite 220, Austin, TX 78746, (512) 328-7682; 1992, 15 pages, free. This annotated glossary defines sexual terms used by Mexican immigrants in the United States.

Mi Hermano, American Red Cross, General Supply Division, 7401 Lockport Place, Lorton, VA 22079, (800) 969-8890; 1990, 22 pages, $8.00/ 25. Available as a 31-minute video or a fotonovela, ***Mi Hermano*** shows a Mexican American family dealing with the AIDS-related death of the elder son. His HIV-infected widow is pregnant. The younger son educates himself about HIV. Issues discussed include death, blame, abstinence, fidelity, living with HIV and communication within the family. Important facts about HIV are presented. The video is available in Spanish with or without English subtitles. The fotonovela is bilingual.

National Migrant Resource Program, 1515 Capital of Texas Highway South, Suite 220, Austin, TX 78746, (512) 328-7682. NMRP offers a wide range of services to improve the health of migrant and seasonal farmworkers. Their Migrant Health Resource Center contains migrant health-related information. Staff will run literature searches and provide access to on-line resources.

New Voices: Immigrant Children in U. S. Public Schools, National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116, (617) 357-8507; 1988, 176 pages, $16.95. *New Voices* is the final report of a two-year national examination of how young immigrants are faring in U. S. public schools. The book offers a comprehensive assessment of the challenges facing school systems, argues for parent and community involvement, and makes specific recommendations for action.

Parent-Teen AIDS Education Manual and ***Talking with Teens with Jane Curtin***. See **Resources for Parents** above.

Pienselo/ Think About It leaflet series, ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061, (800) 321-4407; 1994. Titles include ***VIH/HIV, Drogas y VIH/Drugs and HIV, Condones/Condoms,*** and ***Abstinencia/Abstinence.*** These simple bilingual leaflets give basic information about each topic. They are written on a fifth grade reading level.

La Quinceañera. See **Resources for Parents** above.

Saturday Night Special. See **Resources for Teenagers** above.

El SIDA está Matando a Los Trabajadores Agrícolas y sus Familias, C.A.T.A., P. O. Box F., Glassboro, NJ 08028, (609) 881-2507; revised 1995, $ .15. This low-literacy leaflet gives farmworkers basic facts about HIV. It is attractively illustrated with farmworker graphics.

¡SIDA! ¡SI-DA!, Oregon Council for Hispanic Advancement, 520 S.W. Sixth Avenue, Suite 711, Portland, OR 97204, (503) 228-4131; $1.03. This colorful leaflet with farmworker graphics gives basic HIV information in Spanish.

Substance Abuse Prevention Strategies for Hispanic Youth. See **Resources for Educators: Drug Abuse** above.

Sueños y Realidades, Novela Health Foundation, University of Washington, 1001 Broadway, Suite #100, Seattle, WA 98122, (800) 677-4799; 8-page tabloid, 1991, $ .55. This fotonovela, written in Spanish, tells how a young couple deals with sexually transmitted diseases with the help of good friends and professionals at a caring clinic.

Tres Hombres Sin Fronteras, Novela Health Foundation, University of Washington, 1001 Broadway, Suite #100, Seattle, WA 98122, (800) 677-4799; 1989, 15 five-minute chapters on one audio cassette, $50.00. This radio series, specifically designed for migrant farmworkers, explains HIV transmission and prevention by telling, in a novela format, about the passions and perils of three Mexican men as they travel in search of work. Also available as a fotonovela for $ .55.

Viviremos HIV Education Project Migrant Program Staff Trainings. See **Resources for Educators: Teacher Training** above.

INFORMATION CLEARINGHOUSES

National AIDS Clearinghouse. This clearinghouse is operated by the U. S. Public Health Service, Centers for Disease Control and Prevention. Call 1-800-458-5231 Monday through Friday, 9 AM to 7 PM EST. This is a comprehensive reference, referral, and publications distribution service for HIV and AIDS information. The Clearinghouse maintains several computerized databases, including CHID (Combined Health Information Database). CHID is a computerized bibliographic database which includes information and resources on comprehensive school health education. The Educational Materials Database contains abstracts of hard-to-find HIV educational resources, including materials in many world languages. Spanish-speaking staff are available.

National School Boards Association HIV/AIDS Resource Database. Call (703) 838-NSBA between 9 AM-5 PM EST, M-F. NSBA staff can identify materials for you on school-based HIV prevention policies and programs, including sample school policies and research on school-based HIV education programs.

AIDS Hotlines

The hotlines listed below can be called for information about AIDS transmission and prevention, as well as for referrals to HIV antibody testing sites, support groups for HIV-positive persons, medical treatment, and counseling.

The CDC National AIDS Hotline-English	1-800-342-AIDS
The CDC National AIDS Hotline-Spanish	1-800-344-SIDA
The CDC National AIDS Hotline-Hearing Impaired	1-800-AIDS-TTY

State	Telephone	State	Telephone
Alabama	1-800-228-0469	Montana	1-800-233-6668
Alaska	1-800-478-AIDS	Nebraska	call national hotline
Arizona	call national hotline	Nevada	call national hotline
Arkansas	1-800-448-8305	New Hampshire	1-800-752-AIDS
California		New Jersey	1-800-624-2377
Northern	1-800-367-AIDS		
Southern	1-800-590-AIDS		
Colorado	1-800-252-AIDS	New Mexico	1-800-545-AIDS
Connecticut	1-800-203-1234	New York	1-800-HIV-2775
Delaware	1-800-422-0429	North Carolina	call national hotline
Dist. of Columbia	(202) 332-AIDS	North Dakota	1-800-472-2180
Florida	1-800-FLA-AIDS	Ohio	call national hotline
Georgia	1-800-551-2728	Oklahoma	1-800-535-AIDS
Hawaii	(808) 922-1313	Oregon	1-800-777-AIDS
Idaho	1-800-677-AIDS	Pennsylvania	1-800-662-6080
Illinois	1-800-AID-AIDS	Puerto Rico	1-800-981-5721
Indiana	1-800-848-AIDS	Rhode Island	1-800-726-3000
Iowa	1-800-445-AIDS	South Carolina	1-800-322-AIDS
Kansas	call national hotline	South Dakota	1-800-592-1861
Kentucky	call national hotline	Tennessee	1-800-525-AIDS
Louisiana	1-800-992-4379	Texas	1-800-299-AIDS
Maine	1-800-851-AIDS	Utah	1-800-537-1046
Maryland	1-800-638-6252	Vermont	1-800-882-AIDS
Massachusetts	1-800-235-2331	Virginia	1-800-533-4148
Michigan	1-800-872-AIDS	Washington	1-800-272-AIDS
Minnesota	1-800-248-AIDS	West Virginia	1-800-642-8244
Mississippi	1-800-826-2961	Wisconsin	1-800-334-AIDS
Missouri	1-800-533-AIDS	Wyoming	1-800-327-3577

HIV Coordinators in State Departments of Education

The following phone numbers can be called for assistance in locating teacher training resources, classroom speakers, and additional resources.

State	Telephone	State	Telephone
Alabama	(334) 242-8049	Montana	(406) 444-4434
Alaska	(907) 465-2841	Nebraska	(402) 471-4334
American Samoa	(684) 633-1246	Nevada	(702) 687-3187
Arizona	(602) 542-8709	New Hampshire	(603) 271-3889
Arkansas	(501) 324-9741	New Jersey	(609) 984-1890
California	(916) 657-2810	New Mexico	(505) 827-1805
Colorado	(303) 866-6766	New York	(518) 474-5608
Connecticut	(203) 566-2763	North Carolina	(919) 715-1813
Delaware	(302) 739-4676	North Dakota	(701) 224-4138
Dist. of Columbia	(202) 645-3674	No. Marianna Is.	(670) 288-0693
Florida	(904) 488-7835	Ohio	(614) 466-9540
Georgia	(404) 651-9406	Oklahoma	(405) 521-6645
Guam	(671) 477-2437	Oregon	(503) 378-4327
Hawaii	(808) 396-2557	Pennsylvania	(717) 787-9862
Idaho	(208) 334-2281	Puerto Rico	(809) 753-0989
Illinois	(217) 782-5235	Rhode Island	(401) 277-6523
Indiana	(317) 232-6975	South Carolina	(803) 734-8490
Iowa	(515) 281-4804	South Dakota	(605) 773-3261
Kansas	(913) 296-6715	Tennessee	(615) 532-6308
Kentucky	(502) 564-4970	Texas	(512) 463-4326
Louisiana	(504) 342-5431	Utah	(801) 538-7606
Maine	(207) 287-5930	Vermont	(802) 828-3124
Marshall Islands	(692) 625-3202	Virgin Islands	(809) 774-4976
Maryland	(410) 767-0305	Virginia	(804) 225-4543
Massachusetts	(617) 388-3300	Washington	(206) 586-0245
Michigan	(517) 373-1486	West Virginia	(304) 558-8830
Minnesota	(612) 296-5086	Wisconsin	(608) 267-3750
Mississippi	(601) 359-2329	Wyoming	(307) 777-6282
Missouri	(314) 751-9437		

HIV Coordinators in State Departments of Public Health

The following phone numbers can be called for information regarding state policies, testing sites, support groups, workshops, and classroom speakers.

State	Telephone	State	Telephone
Alabama	(334) 613-5364	Montana	(406) 444-2454
Alaska	(907) 561-4406	Nebraska	(402) 471-2937
Arizona	(602) 230-5836	Nevada	(702) 687-4800
Arkansas	(501) 661-2408	New Hampshire	(603) 271-4477
California	(916) 445-0553	New Jersey	(609) 984-6050
Colorado	(303) 692-2720	New Mexico	(505) 827-0090
Connecticut	(860) 240-9122	New York	(518) 473-7542
Delaware	(302) 995-8422	North Carolina	(919) 733-7301
District of Columbia	(202) 727-2500	North Dakota	(701) 328-3324
Florida	(904) 488-9766	Ohio	(614) 466-5480
Georgia	(404) 657-3100	Oklahoma	(405) 271-4636
Hawaii	(808) 733-9010	Oregon	(503) 731-4029
Idaho	(208) 334-6526	Pennsylvania	(717) 783-0479
Illinois	(312) 814-4846	Puerto Rico	(809) 721-2000
Indiana	(317) 383-6851	Rhode Island	(401) 277-2320
Iowa	(515) 281-6801	South Carolina	(803) 737-4110
Kansas	(913) 296-6036	South Dakota	(605) 773-3364
Kentucky	(502) 564-6539	Tennessee	(615) 741-7500
Louisiana	(504) 568-5448	Texas	(512) 490-2505
Maine	(207) 287-3747	Utah	(801) 538-6096
Maryland	(410) 767-5132	Vermont	(802) 863-7245
Massachusetts	(617) 624-5300	Virginia	(804) 786-6267
Michigan	(517) 335-8468	Washington	(206) 464-5458
Minnesota	(612) 623-5698	West Virginia	(304) 558-2195
Mississippi	(601) 960-7714	Wisconsin	(608) 267-5287
Missouri	(314) 751-6144	Wyoming	(307) 558-2950

National Organizations

These organizations are funded by the Centers for Disease Control and Prevention to provide resources, training, and/or other technical assistance to schools and agencies that are implementing HIV education programs.

Advocates for Youth
1025 Vermont Avenue NW
Suite 200
Washington, DC 20005
Phone: (202) 347-5700

American Association of School Administrators
1801 North Moore Street
Arlington, VA 22209
Phone: (703) 875-0755

American Medical Association
515 North State Street
Chicago, IL 60610
Phone: (312) 464-4065

American Nurses Association
600 Maryland Avenue SW, Suite 100
Washington, DC 20024
Phone: (202) 651-7068

American School Health Association
7263 State Route 43
P.O. Box 708
Kent, OH 44240
Phone: (216) 678-1601

Association for the Advancement of Health Education
1900 Association Drive
Reston, VA 22091
Phone: (703) 476-3439

Association of State and Territorial Health Officials
415 Second Street NE, Suite 200
Washington, DC 20002
Phone: (202) 546-5400

Cities in Schools
1252 West Peachtree Street SW
Suite 304
Atlanta, GA 30309
Phone: (770) 873-2993

Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198
Phone: (206) 824-2907

Council of Chief State School Officers
One Massachusetts Avenue NW
Suite 700
Washington, DC 20001
Phone: (202) 336-7027

Education Development Center
55 Chapel Street
Newton, MA 02160
Phone: (617) 969-7100

ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061
Phone: (408) 438-4060

Girls, Inc.
441 West Michigan Street
Indianapolis, IN 46202
Phone: (317) 634-7546

National Association for Equal
Opportunity in Higher Education
400-12th Street NE
Washington, DC 20002
Phone: (202) 543-9111

National Association of Community
Health Centers
1330 New Hampshire Avenue NW
Washington, DC 20036
Phone: (202) 659-8008

National Association of State Boards
of Education
1012 Cameron Street
Alexandria, VA 22314
Phone: (703) 684-4000

National Center for Health Education
72 Spring Street, Suite 208
New York, NY 10012
Phone: (212) 334-9470

National Coalition of Advocates
for Students
100 Boylston Street, Suite 737
Boston, MA 02116
Phone: (617) 357-8507

National Conference of State
Legislatures
1560 Broadway, Suite 700
Denver, CO 80202
Phone: (303) 830-2200

National Education Association
Health Information Network
1201 16th Street NW
Washington, DC 20036
Phone: (202) 822-7520

National Network of Youth Services
1319 F Street NW, Suite 401
Washington, DC 20004
Phone: (202) 783-7949

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
Phone: (703) 838-6756

National School Health Education
Coalition
1400 Eye Street NW, Suite 520
Washington, DC 20005
Phone: (202) 408-0222

Public Education Fund Network
601 13th Street NW
Washington, DC 20005
Phone: (202) 628-7460

Sex Information and Education
Council of the United States
130 West 42nd Street, Suite 350
New York, NY 10036
Phone: (212) 819-9770

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